Request for COMPASS Score Report

Send Request to Student Assessment Services by:

☐ FAX: 206-934-6766
☐ Mail: SSC/Student Assessment Services
      6000 16th Ave SW, RSB 76
      Seattle WA  98106-1499

Today's Date: _________________________

Printed Name: _________________________________________________________________

Date of Birth: _____________________ Month and Year test was taken (estimate if not certain): ______________________

Identification Number used at time of test (or SSN):_____________________________________

Signature: ______________________________________________________________________

Contact (daytime phone) number: ______________________________________________________

Student ID# for South Seattle College:____________________________________________________

Instructions: (include contact name with FAX number or address for sending to other institutions, companies, etc.)