

Assessment Center © Counseling Services
College of the Siskiyous
Weed, CA 96094

Phone: 530-938-5353; Fax: 530-938-5531; Email: lcsth@siskiyous.edu

ASSESSMENT REPORT REQUEST

Name: _____ Date of Birth: _____
Last First MI mm/dd/yyyy

S#: U222" _____ Year Assessment was Taken: _____
mm/dd/yyyy

Address: _____
Street City State Zip

Please send assessment results to:

College: _____

Mailing Address: _____

I grant my permission to College of the Siskiyous to release my assessment scores to the college named above.

Student Signature

Date

For Office Use Only

Done Date: _____

By: _____ Sent Faxed Picked Up