

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

Phone: 530-938-5353; Fax: 530-938-5531; email: [counselingservices@siskiyous.edu](mailto:counselingservices@siskiyous.edu)

## ASSESSMENT REPORT REQUEST

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First MI

S#: \_\_\_\_\_ Year Assessment was Taken: \_\_\_\_\_

- Please Fax my assessment results to \_\_\_\_\_
- I would like to pick up my results.
- 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