

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

Phone: 530-938-5353; Fax: 530-938-5227; Email: pratt@siskiyous.edu

ASSESSMENT REPORT REQUEST

Name: _____ Date of Birth: _____
Last First MI

SSN: _____ Year Assessment was Taken: _____

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