MGA Testing Services Compass Test Score Release Form
(eWrite scores DO NOT TRANSFER-------------------eWrite began Oct 2014 @ MGA)

THERE IS A $35 FEE FOR RELEASING SCORES TO YOU OR TO ANOTHER INSTITUTION.

- Your first request is free IF you attended MGA. All requests after the first one are charged $35.
- If you did not attend MGA then you must pay $35 for the scores.
- You must pay the fee BEFORE scores are released.
  - Current students must pay the fee by accessing their SWORDS accounts.
  - Former students can pay the fee by calling 478-471-2705 (Macon) or 478-934-3016 (Cochran)
- Test scores are not released without a signature.
- Return this completed form by email, fax, USPS, or in person to one of the offices below.

<table>
<thead>
<tr>
<th>Macon &amp; Warner Robins Campuses</th>
<th>Cochran, Dublin, and Eastman Campuses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Middle Georgia State University Testing Services Office</td>
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</tr>
<tr>
<td>100 College Station Drive</td>
<td>1100 Second Street SE</td>
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<tr>
<td>Macon, GA 31206</td>
<td>Cochran, GA 31014</td>
</tr>
<tr>
<td>FAX (478) 471-2821</td>
<td>FAX (877) 259-5485</td>
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<tr>
<td>E-Mail: <a href="mailto:testingservices@mga.edu">testingservices@mga.edu</a></td>
<td>E-Mail: <a href="mailto:testingservices@mga.edu">testingservices@mga.edu</a></td>
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</tbody>
</table>

LAST NAME_____________________________________________________

FIRST NAME_____________________________________________________

MI_______

BEST PHONE NUMBER(_____)____________________ DATE OF BIRTH ________________

EMAIL ADDRESS______________________________________________

STUDENT ID # OR SOCIAL SECURITY#________________________________

I authorize the release of my COMPASS scores to the institution, agency, or person identified below. (You must provide the email address, mailing address, or fax number.)

INSTITUTION/AGENCY NAME___________________________________________

ATTENTION________________________________________________________

ADDRESS_________________________________________________________

CITY, STATE, ZIP_________________________________________________

Please send my scores via (check one)  □ Email    □ Fax    □ Mail

EMAIL ADDRESS (If scores are to be emailed) ___________________________

FAX NUMBER (If scores are to be faxed) ________________________________

________________________________________________________

Signature (Do Not Print)                                           Today’s Date

Notes: Scores will be sent within two business days after receipt of the completed form.
The confidentiality of your information cannot be guaranteed if faxed. (Updated 1-6-2016)