



Testing Department  
 3800 Charco Road, Beeville, Texas 78102  
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**Ways to submit request for processing – Scan and e-mail this request/ fax/ mail/ or bring in person to the Beeville Testing Department at Coastal Bend College.**

**[NOTE: All Institutions that administer the TSI Exam are capable of looking up your TSI scores even if you tested at another institution. The fastest and easiest way to share your TSI report is to go to <https://tsia2.accuplacer.org/> then click on Student Portal – and click on Score Report. A copy will be e-mailed to you and you can share the report with your institution that you’ll be attending. (Example – you tested at CBC – but want to attend TAMUK – Follow the instructions above and Share your report with TAMUK.) If this is the case – you do not have to fill out this form.]**

## TSI ASSESSMENT REPORT REQUEST FORM

**REQUESTS WILL TAKE 2 – 5 BUSINESS DAYS TO PROCESS**

**REQUESTS WILL NOT BE PROCESSED WITHOUT THE SIGNATURE OF THE EXAMINEE AT THE BOTTOM OF THIS FORM.**

**Please print the requested information legibly**

[Score Reports will be processed only for scores no more than five (5) years old. After five years, scores will be deleted from the testing system.]

Date:	
Name:	
CBC ID# or number used when you tested:	
Date of Birth:	
Phone Number:	
E-mail Address:	
Check the location of the test center where you took the TSI Assessment:	<input type="checkbox"/> Alice / <input type="checkbox"/> Beeville / <input type="checkbox"/> Kingsville / <input type="checkbox"/> Pleasanton
If you took it at a CBC Approved High School – enter the name of the high school:	
Date/(s) test was/were taken:	
<b>CBC TESTING DEPT – OFFICE PERSONNEL USE ONLY:</b>	
Date Report Mailed/e-mailed _____	
By: _____	Mailed in sealed envelope on CBC Letterhead

<b>I give Coastal Bend College permission to release my TSI Assessment score report to the following institution/individual</b>	
Name of Institution/Individual:	
Department:	
Attn:	
Fax Number:	
E-mail Address:	
Mailing Address:	
City, State, Zip Code	
<b>Signature of Examinee:</b>	
Date of request:	
<b>CBC TESTING DEPT – OFFICE PERSONNEL USE ONLY</b>	
Date & time report faxed/e-mailed _____ / _____ <b>By:</b> _____	
<small>Coastal Bend College does not discriminate on the basis of race, creed, color, national origin, gender, age, or disability) November 12, 2021</small>	