

TSI ASSESSMENT – IDENTIFICATION FORM

I, _____,
Name (Please Print)

wish to take the TSI Assessment; and do not possess a
driver's license or DPS ID card.

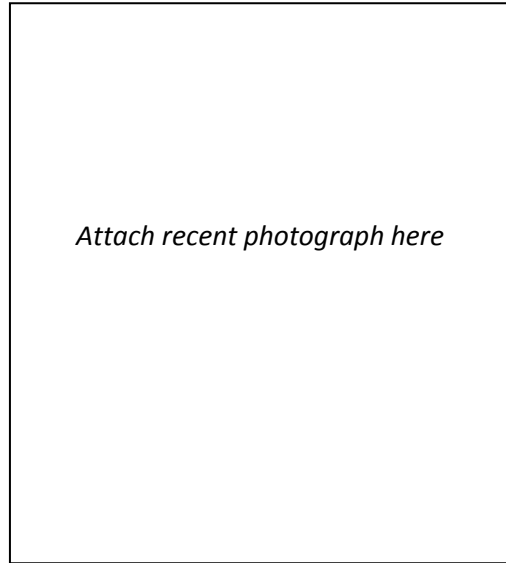
My date of birth is

Month Day Year

And the photograph attached is of me.

Signature

Date



Sworn to and witnessed by me this _____ day of _____, 20____

at _____, _____ County, Texas

(SEAL)

Notary Public in and for

_____ County, Texas.

Approved by _____
Signature of Coastal Bend College Chief Examiner Date

(Coastal Bend College does not discriminate on the basis of race, creed, color, national origin, gender, age, or disability.)