University of Houston-Downtown
TSI/Accuplacer Transcript Request
Office of Testing Services

Initial transcript request is free. After the initial request, a fee of $10.00, per request, is required.

Please complete this form legibly and submit it in person or by email at: testingservices@uhd.edu.

Date: _____   **Student ID #**: _____

I, _____, authorize the University of Houston Downtown office of
       (Last name, First name and full Middle name)

Testing Services to release my TSI/Accuplacer test scores.

Name exam was taken under: _____

Date of birth: _____   **Month and year tested**: _____

Contact number: _____

E-mail address: _____

Street address:_____

City: _____   **State**: _____   **Zip**: _____

_____
            Signature (Required)

Please make the appropriate selection(s) below:

☐ Please address my scores to the institution below:

    College/Institution: _____

    Contact person/department: _____

    Mailing/email address: _____

    _____

☐ Please mail a copy to me.

☐ I will pick up a copy at the University of Houston Downtown office of Testing Services (**Photo ID required**).

Allow 24 hours to process your request.