



Test Center ACT Code- 0083

Type of Testing: On-Campus/Residual

Student ID Number: _____ Date of Birth: _____

Student Name:

Email Address:

Date Test was taken at Wallace State Community College:

Send test scores to: (Please provide name and email of recipient)

Your signature below is authorization for Wallace State Community College to release your On-Campus/Residual ACT scores to the institution or person indicated on this form.

Student Signature:

Date: _____