

RECORDS REQUEST

LAKE WASHINGTON INSTITUTE OF TECHNOLOGY, 11605 132ND AVENUE NE, KIRKLAND, WASHINGTON 98034-8506
[ASSESSMENT CENTER WEBPAGE](#) | ASSESSMENT@LWTECH.EDU | PHONE: (425)739-8115 | FAX: (425) 739-8207

**Please complete and return the following information to
the Assessment Center in West Building, W204**

ALLOW 1 WEEK FOR PROCESSING

RECORDS REQUESTED BY:

(please print)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

RECORDS REQUESTED:

- Placement Score Report
- ATI TEAS Score Report
- Other: Please explain _____

Student Authorization:

I hereby authorize Lake Washington Institute of Technology to send the confidential records requested above to the recipient identified herein.

Student Signature: _____

Date: _____

Student Information:

LWTech Student ID: _____ - _____ - _____

Birthdate: _____ - _____ - _____

Phone: (_____) _____ - _____

Email Address: _____

Previous Name (if different when tested) _____

Date Tested: _____

Records to Be Sent to:

Check here if same address as above

Please print clearly

To: _____

Street: _____

City: _____ State: _____ Zip: _____

Additional Addresses (Please print clearly):

1. To: _____

Street: _____

City: _____ State: _____ Zip: _____

2. To: _____

Street: _____

City: _____ State: _____ Zip: _____

Assessment Center Use Only

Date Received _____ by _____

Date Sent _____ by _____

Printed Scores _____

Mailed/Faxed _____

Notified Student _____

Logged & Filed _____

Records Sent:

COMPASS Score Report (# Sent _____)

ATI TEAS Score Report (# Sent _____)

Other: _____

Comments: