

Assessment Center – Counseling Services
College of the Siskiyous
Weed, CA 96094

Phone: 530-938-5353; Fax: 530-938-5531; Email: farris@siskiyous.edu

ASSESSMENT REPORT REQUEST

Name: _____ Last First MI	Date of Birth: _____ mm/dd/yyyy
S#: S000 _____	Year Assessment was Taken: _____
Address: _____ Street City State Zip	

Please send assessment results to:

College: _____

Mailing
Address: _____

I grant my permission to College of the Siskiyous to release my assessment scores to the college named above.

Student Signature

Date

For Office Use Only

Done Date: _____

By: _____ Sent Faxed Picked Up