



Test Center ACT Code- 0083

Type of Testing: On-Campus/Residual

Student ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Student Name:

\_\_\_\_\_

Email Address:

\_\_\_\_\_

Date Tests were taken at Wallace State Community College:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Wallace State Community College can only superscore On-Campus/Residual test scores from September 2016 to present. The scores will be entered and you can view them in your MyWallaceState account.**

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: \_\_\_\_\_