COMPASS Score Request Form

To obtain COMPASS results, please provide the following information and select from one of the following methods. Please print carefully.

Name: __________________________________________________ Date of Birth: _________________
SID: _____________________________ Year completed COMPASS: _____________________
Street Address: ___________________________________________ Phone: _______________________
City: ____________________________________ State: __________     Zip: __________________________

**Method of receiving results:**

☐ I authorize ________________________________ to pick up my results.

☐ Mailed to: __________________________________________________________

☐ Faxed to (Name & Fax Number): __________________________________________

☐ E-mailed to: __________________________________________________________

Student Signature __________________________________________________________________ Date __________________________________________________________________

**Return this completed form:**

- Fax to: 253-288-3396
- Email to: assessment@greenriver.edu
- Mail to: 12401 SE 320th St, Auburn, WA 98092

**Please note that scores cannot be given over the phone**

For Staff Use:

Request Received:

☐ In Person (ID verified): ________
☐ Mail
☐ Fax
☐ E-mail

Request Processed:

Staff Initials: __________
Date: ____________________