



# College of Southern Idaho

Phone - 208-732-6532  
Fax 208-933-2370

**Mail or Fax Request**  
COMPASS Request  
CSI Testing Center  
Meyerhoeffer Building  
P.O. Box 1238  
Twin Falls, Idaho 83303-1238

## COMPASS Request

### Student Information:

Name \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ CSI ID: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Day Phone: \_\_\_\_\_ Approximate Date Taken: \_\_\_\_\_  
Student's Signature: \_\_\_\_\_

### Send To:

College/Institution: \_\_\_\_\_  
Name: \_\_\_\_\_ Dept: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Fax Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Email Address \_\_\_\_\_

Hold for pickup by student (photo id required)

*\*If being picked up by a 3<sup>rd</sup> party, a letter of authorization with the signature of the student and a photo ID from the authorized individual is required*

Third Party Signature (Required) \_\_\_\_\_ Date \_\_\_\_\_

### Office use only

Faxed	Date _____	Initials _____
Mailed	Date _____	Initials _____
Emailed	Date _____	Initials _____