Testing and Assessment

Release of Test Scores Authorization

Student Number  Last Name  First  MI

Mailing Address  City/State/Zip Code

Contact Numbers:  ____________________________  ____________________________  ____________________________

Home  Work  Cell

By my signature below, the Test Center at Pensacola State College is hereby authorized and requested to release my test scores as follows:

Scores to be released:

(indicate the specific scores found in your educational record that you wish released)

These scores are to be released to:

Institution

Attn: (name or department)

Address:  Street

City, State, Zip

Fax #: (if necessary)

(include the full name and address or fax number of the person or agency to which the scores described above are to be released)

I understand this request will be processed within 2 business days.

Date  ___________________  Signature:  ____________________________

The information indicated above is determined to be part of a student's educational record and is protected by the Family Educational Right to Privacy Act. As a result, the information will be released only as authorized by the student.