



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.

Signature: _____ **Date:** _____

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.