

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.