



Release of Test Scores Authorization

Student Number	Last Name	First	MI
Mailing Address		City/State/Zip Code	
Contact Numbers:			
Home	Cell	Work	

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	
	Email address	
(Include the full name and address or email 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 (FERPA). As a result, the information will be released only as authorized by the student.