

| Student Number | Last Name | | First | MI |
|--------------------------|-----------|------|---------------------|------|
| Mailing Address | <u> </u> | | 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 em to be released) | nail of the person or ag | ency to which the scores described above are |

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.

PENSACOLA STATE COLLEGE DOES NOT DISCRIMINATE AGAINST ANY PERSON ON THE BASIS OF RACE, ETHNICITY, NATIONAL ORIGIN, COLOR, GENDER/SEX, AGE, RELIGION, MARITAL STATUS, PREGNANCY, DISABILITY, SEXUAL ORIENTATION, GENDER IDENTITY, OR GENETIC INFORMATION IN ITS EDUCATIONAL PROGRAMS, ACTIVITIES, OR EMPLOYMENT. FOR INQUIRIES REGARDING TITLE IX AND THE COLLEGE'S NONDISCRIMINATION POLICIES, CONTACT THE EXECUTIVE DIRECTOR OF INSTITUTIONAL DIVERSITY AND STUDENT CONDUCT AT 850-484-1759, PENSACOLA STATE COLLEGE, 1000 COLLEGE BLVD., PENSACOLA, FLORIDA 32504.