AUTHORIZATION FOR RELEASE OF TEST SCORE INFORMATION

This form needs to be completed in its entirety and sent to the Testing Center, Building A, Room 148 or faxed (847.925.6057).

I, _______________________________________, do hereby consent and authorize the Harper College Testing Center to disclose the following information to:

Name ______________________________________
Address _____________________________________
____________________________________
Phone # ___________________________

If you would like your information faxed to the intended party, please provide a Fax # ________________

Select the test(s) you authorize for release to the party indicated above. For each test selected, the specific subject test name(s), test score(s) and test date(s) will be included in the release.

_____ COMPASS Test Scores (excludes COMPASSS scores taken at high schools)

_____ Other: _____________________________

Student’s signature: ___________________________ Date: ________________
Student birth date: ___________ Student ID ________________ Daytime Phone__________

I understand the information may be released orally or in the form of copies of written records. I have a right to inspect any written records released pursuant to this consent. I understand I may revoke this consent prospectively.