

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
Student Name

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** COMPASSSS 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.