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, faxed to (847)925-6057, or emailed to testing@harpercollege.edu.

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

Name of Institution: _______________________________________

Address: _______________________________________

Phone #: _______________________________________

If you would like your information faxed or emailed to the intended party, please provide:

Fax #: ___________________________

Email: ___________________________

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

_____ ALEKS Math Placement Scores

Student’s Signature: ____________________________  Date: ______________

Student birth date: ______________________  Student Harper ID: ______________________

Daytime Phone: ____________________________