

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: _____