

1200 West Algonquin Road Palatine, Illinois 60067-7398

TESTING CENTER 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 A148, or emailed to <u>testing@harpercollege.edu</u>.

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 emai	iled to the intended party, please provide:
Email Address:	
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 Date of Birth :	Harper Student ID:
Daytime Phone:	