Request For College Placement Scores

In accordance with the Family Educational Rights and Privacy Act of 1974, I hereby grant permission to release my test scores to the agency/business/institution listed below.

Please print all information clearly. Failure to print clearly or provide accurate information may cause delays in processing your request. This form may be emailed to craig.julia@gaston.edu or mailed directly to the Katherine Harper Testing Center, Gaston College, 201 Highway 321 South, Dallas, NC 28034. Please allow 2-3 days for processing.

PERSONAL INFORMATION

Name___________________________________________   Student ID#_____________________________________

Address________________________________________________________________________________________

Phone___________________________________________________________________________________________

(Home)     (Business)

If attended under another name, print name here________________________________________________________

Date test taken____________________________________

Pick-up Test Scores

____I would like to pick up a student copy of my test scores from the Katherine Harper Testing Center.

____I would like to pick up an official copy of my test scores from the Katherine Harper Testing Center.

(Please list below where you will take the test scores)

Request to Mail Test Scores

____I would like an official copy of my test scores mailed to the school(s) and address(es) listed below:

Please list below where you would like the test scores sent.

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

Student Signature_______________________________________________Date_____________________

Office Use Only:

Initials:_____ Date:_____