

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: _____