ACCUPLACER

Student Consent for Release of Scores

Written consent must be given in order to share ACCUPLACER placement test scores with any college or institution, other than the college which originally administered the test. Please complete this form to grant permission for the release of ACCUPLACER scores.

This form is to be completed and signed by the student. Please print clearly.

Student Information	
Student Name:	
Mailing Address:	
High School:	Grad Year:
<u>Test Information</u>	
Administering College: Zane State	
Approximate Test Date (Month/Year):	
Release Scores To:	
Notes or Special Instructions:	
Student Authorization	
ACCUPLACER test, to release my test scor	ession for Zane State College , which administered my original res to I understand that I must institution receiving my scores, and that those standards may inistered my original test.
Signed	Date