PERMISSION FOR RELEASE OF TEST SCORES
(At no place on this document should you enter your Social Security Number!!)

Please complete this form, print, and return to CFCC: **This form is not valid unless you have signed the “signature” line below. Forms not signed BY HAND cannot be processed.**

**ALLOW 10 BUSINESS DAYS FOR MAILED SCORES TO BE RECEIVED BY THE RECIPIENT!!**

You can also print, sign, scan, and Email this form to scoulthard@cfcc.edu (must be signed).

Please send the results/transcript of my □ Placement Test Scores □ PSB

To: College Name/Agency: __________________________

**Email Scores – fast method - (must be a school contact):** __________________________

Or Mail (Allow 10 Business Days): Address (street/box #): __________________________

City: __________________________  State: __________________________  Zip: __________________________

**STUDENT INFORMATION:**

Last Name: __________________________

First Name: __________________________

Middle Name: __________________________

Former Name: __________________________

**CAPE FEAR ID # IF KNOWN (DO NOT USE SSN!!) ** __________________________

Date of Birth: __________________________

Telephone: __________________________

Year Test Taken: __________________________

My signature **authorizes release of my test scores to College/Agency above. (MUST BE HAND SIGNED)**

Signature (MUST SIGN BY HAND) __________________________ Date __________________________

Office Use Only

Date Released: __________________________  By: __________________________