

Cape Fear Community College Testing Services  
411 North Front Street  
Wilmington, NC 28401-3993  
Attn: Scott Coulthard  
Fax Number: 910-362-7745

**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](mailto: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: \_\_\_\_\_