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 testing@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: _____