



Testing Services  
26000 SE Stark  
Gresham, Or 97030  
(503) 491-7592/ Fax (503) 491-7594

I, \_\_\_\_\_, hereby authorize the Testing Services to release the following information contained in my records to \_\_\_\_\_

\_\_\_\_\_

- College Placement Test Scores
- GED Scores
- Other (please describe) \_\_\_\_\_

Please send the information by:

Mail (to the following address): \_\_\_\_\_

Fax (to the following number): \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SSN/ID#: \_\_\_\_\_

Phone Number: \_\_\_\_\_