ACCUPLACER SCORE REPORT RELEASE AUTHORIZATION FORM

Name (Please Print): ___________________________  Last  First  Maiden

List any other name(s) you may have had when you tested: ____________________________________________________________

Social Security Number: ____________________________

On which campus did you take the ACCUPLACER assessment?

Bessemer (Approximate Date): ______________________  Birmingham (Approximate Date): ______________________

If you ever enrolled at LSCC, the Buckley/Pell Amendment to the Family Education Rights and Privacy Act of 1974 prevents the release of your score report(s) without your written consent.

Please check one:

Student/unofficial copy  Number of Copies:  □ 1 □ 2

Official Copy  Number of Copies:  □ 1 □ 2

If you are requesting an official copy of your score report(s), please read the following statement and complete the information requested below.

I authorize Lawson State Community College to release my ACCUPLACER scores to the schools(s), or organization(s) listed below. I understand that my score report(s) will be mailed within 24-48 hours of my initial request. Return this form by U.S. mail to: Lawson State Community College, 1100 9th Ave. S.W., Bessemer, AL 35022, Attn: Dr. Jeff Shelley, Admissions Office. E-mail your signed request to: admissions@lawsonstate.edu  (Your score report will not be faxed to third party recipients but will be forwarded by U.S. mail only.)

Please note that a student must be in good standing with the college before a score report may be released.

1. College/Organization: ____________________________________________________________

   Address: _______________________________________________________________________

   City  State  Zip

2. College/Organization: ____________________________________________________________

   Address: _______________________________________________________________________

   City  State  Zip

REQUrRED

My signature certifies that I have read and understood the above statements regarding the privacy act and release of ACCUPLACER Score Reports. I give my permission for the release of my score report(s).

____________________________________  _______________________________________

Signature  Date

Please provide us your current mailing address and contact information should we need to contact you.

Address  City  State  Zip  Daytime Telephone Number

Revised 10/2016