

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

REQUIRED

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