ACT 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 ACT 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:

- 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 ACT 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 ACT 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 04/2017  NOTE: Residual ACT score reports will only be sent to other Alabama College System institutions.