



# Score Request Form

## Consent for the Release of Confidential Information

Please fill out the following form to allow your test scores to be released.  
Incomplete or inaccurate forms will not be processed.

I, \_\_\_\_\_, authorize ACC to release my placement test scores to the following  
(Name of Student)

Name of Institution or Person: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Fax Number (if applicable): \_\_\_\_\_

I understand that my records are protected under the Federal Confidentiality Regulations and cannot be disclosed without my written consent.

\_\_\_\_\_  
(Signature of Student)

\_\_\_\_\_  
(ID or Social Security Number)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(Telephone Number)

\_\_\_\_\_  
(City, State, Zip Code)

\_\_\_\_\_  
(Today's Date)

Please return completed form to: Student Success, P.O. Box 8000, Graham, NC, 27253 or fax to: [336-506-4264](tel:336-506-4264).