



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).