

## STUDENT'S CONTACT INFORMATION

Student's Name:	
Any other names used at Owens CC:	
Student's Social Security Number:	
Phone Number:	
Email:	
<p>I understand that the student records information includes information that is classified as private on me under the Federal Family education Rights and Privacy Act 1974. I understand that by signing this Authorization for Release of Student Information, I am authorizing the College to release them to the institution or business named that would otherwise be private and not accessible to them.</p> <p>I understand that at my request, the College must provide me with a copy of any educational records it releases to the institution or business named to this consent. I understand that I am not legally obligate to provide this information and that this consent will be in effect for twelve months from the date received in the office of the Registrar.</p> <p>I am giving this consent freely and voluntarily and I understand the consequences of my giving this consent.</p>	
Signature:	Date:

*If you did not test as part of a Tech Prep program, or do not have a final grade on file for completed coursework at Owens Community College, a \$35 score release fee must be paid prior to our office sending the score report(s).*

## SCORE RECIPIENT

Institution Name:	
Contact Person/Office:	
Address:	
City, State, Zip:	
Phone Number:	
Fax Number:	
Email:	
How are we to send? (mail, fax, or email)	

## PLACEMENT TEST(S) GIVEN: PLEASE SEE ATTACHED REPORT(S)

<input type="checkbox"/> ACCUPLACER	<input type="checkbox"/> ASSET
<input type="checkbox"/> WEBCAPE (French, German, Spanish)	<input type="checkbox"/> ATI TEAS
<input type="checkbox"/> OTHER	<input type="checkbox"/> COMPASS

**Name of Testing Institution: Owens Community College**

**Contact Office: Testing Services**

**Fax Number: (567) 661-2529**

**Phone Number: (567) 661-8378**

**Email: test\_proctor@owens.edu**