Authorization to Release Test Scores

The Family Rights & Privacy Act (FERPA) bars the release of educational records to parents, guardians, or third parties without the written consent of the student.

To avoid any delay with processing, completely fill in all information that applies.

Last Name: __________________________ Date of Birth: __________________________

First Name: __________________________ NTCC ID: __________________________

Middle: __________________________ Telephone: __________________________

Other Name(s) Used: __________________________ Address: __________________________

Dates Tested: __________________________ City/State/Zip: __________________________

Number of Times Tested: __________ Email: __________________________

Instructions for Testing Personnel: □ Fax □ Mail □ E-Mail □ Hold for Pickup

Test Scores: □ THEA □ TSI □ Other__________

Authorization is granted to the Northeast Texas Community College Testing Personnel to release my test scores to the following person, department or agency:

Mail/Fax/E-Mail To: Number of Copies Required

Mail/Fax/E-Mail To: Number of Copies Required

Name of other individual Authorized to pickup my Test Scores: __________________________

(Phot ID Required)

Signature (Your signature is required for processing) __________________________ Date __________________________

Office Use Only

Mailed _______ Faxed _______ E-Mailed __________ Date Completed __________ Completed By __________