

CLACKAMAS COMMUNITY COLLEGE TESTING CENTER

Educational Information Release

Requested by:

Last Name	First Name	CCC ID or Social Security Number
Birthdate		Contact phone

Send via:

fax/email

mail

Name of contact person	Name of contact person
Fax number or email address	Organization (if applicable)
	Address
	City, State, Zip

Type of information to be released:

- Placement test scores: Test date: _____ at CCC High School
 GED® access code
 Other _____

By signing this form, you are indicating that you are the person to whom the identification number above has been assigned. If you are not the student and you are trying to gain access to this student's record, then this is a misrepresentation and will be considered a fraudulent act.

I give the Clackamas Community College Testing Office permission to release the specified information to the recipient listed above. This information may include test scores, GED® status, and in some cases, social security numbers.

This permission will stay in effect until such a time as I revoke it in writing.

Signature Date

Please return completed form to:
 Testing Center
 19600 Molalla Ave.
 Oregon City, OR 97045
 Fax: 503-650-7347