



RELEASE OF PLACEMENT TEST SCORE INFORMATION  
PHONE; 541-463-5325 FAX: 541-463-5020

\_\_\_\_\_  
Student Name (Please Print)

\_\_\_\_\_  
Student L number

Date of Birth \_\_\_\_\_

All test scores: Yes No

Math test scores: Yes No

I give my permission for Lane Community College to release my Placement Scores to the following (please print):

\_\_\_\_\_  
School or Agency Name

\_\_\_\_\_  
Contact Person

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

Please fax my Placement scores to the above number. I understand that there are risks in faxing confidential information and will not hold the Lane Community College, The Testing Office or the staff responsible for those risks.

( ) \_\_\_\_\_

This consent for release of test score information expires one year from the date signed on this form. It may be revoked by me in writing at any time, except to the extent that the action has already been taken. I release Lane Community College Student Assessment from all legal responsibility or liability that may arise from the release of this information.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**