

**AUTHORIZATION TO RELEASE COMPASS SCORES**

<b>AUTHORIZATION TO RELEASE COMPASS SCORES</b>	
Student Name or Student ID #:	<u>Please send a copy of my Compass scores to the following recipient:</u>
Student phone #:  (     )	
Fax request to: KCC Testing Center (989) 275-6704	
<b><u>STUDENT SIGNATURE:</u></b>	Recipient Fax #:  (     )
For office use only: Processed by: _____ Date: _____	