

AUTHORIZATION TO RELEASE ACCUPLACER SCORES

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Student Name or Student ID #:	<u>Please send a copy of my ACCUPLACER scores to the following recipient:</u>
Student phone #: ()	
Fax request to: KCC Testing Center (989) 563-5905	
<u>STUDENT SIGNATURE:</u>	Recipient Fax #: ()
For office use only: Processed by: _____ Date: _____	