



**REQUEST TO RELEASE
PLACEMENT SCORES TO
ANOTHER INSTITUTION**

NAME ON FILE: _____
First Name Last Name

DATE OF BIRTH: _____ STUDENT ID NUMBER: _____
Month / Date / Year

EMAIL ADDRESS: _____

CONTACT NUMBER: _____

RELEASE TEST SCORES TO:

NAME OF SCHOOL/
INSTITUTION: _____

DEPARTMENT: _____

ADDRESS: _____

FAX SCORES TO: _____ ATTENTION: _____

OR

EMAIL SCORES TO: _____

IN ACCORDANCE WITH FEDERAL LAW, I UNDERSTAND THAT MY SCORES WILL NOT BE RELEASED UNLESS I GIVE CONSENT. BY PROVIDING A HANDWRITTEN SIGNATURE ON THIS FORM, I GIVE NORCO COLLEGE PERMISSION TO RELEASE MY PLACEMENT SCORES.

Student Signature

Today's Date

This form can be faxed to 951-738-7744 or emailed to norcoassessment@norcocollege.edu.
This process may take 1-2 business days.

OFFICE USE ONLY

Request was received on: _____ Scores were released on: _____

Processed by: _____