



## AUTHORIZATION TO RELEASE TEST INFORMATION

**EXAMINEE INFORMATION** (please print)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_ MCC Student #: \_\_\_\_\_  
 Test Title: \_\_\_\_\_ Test Date: \_\_\_\_\_

**I hereby authorize Muskegon Community College Testing Center to release my test information to the school/company/individual listed below:**

Contact Name: \_\_\_\_\_  
 Company/Organization: \_\_\_\_\_  
 Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

EXAMINEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_