

 **PLEASE READ BEFORE
FILLING OUT THE REQUEST FORM**

Golden West College

Test Result Policy

Test results will be withheld for any college debts.

FEES

Test results are issued at a cost of \$1.00 per copy.

TEST RESULTS

1. In accordance with the Family Educational Rights and Privacy Act of 1974, records may not be released to a third party without the written authorization of the student. The third party will be required to show I.D.
2. Picture I.D. required to pick up test results.

OTHER COLLEGE TEST RESULTS

Only tests at Golden West College will be shown on the test results. Copies of test results from other colleges must be requested from each institution.

TEST RESULTS REQUEST

1. NAME - PLEASE PRINT _____ Last First Middle	2. OTHER NAMES USED _____ _____	3. GWC ID# OR SOCIAL SECURITY # _____ - _____ - _____
4. ADDRESS _____ Number and Street Apt. No. _____ City, State Zip Code	5. BIRTHDATE ____ - ____ - ____ Mo. Day Yr.	6. #OF COPIES _____
9. STUDENT'S SIGNATURE _____ <i>Signature Authorizes Release of Records</i>	7. PHONE NO. (____) _____ Area Code	
10. TODAY'S DATE _____		8. SEND TEST RESULTS: <input type="checkbox"/> \$1.00 per copy

STUDENT IS RESPONSIBLE FOR COMPLETE MAILING ADDRESS. PLEASE PRINT LEGIBLY FOR USE IN WINDOW ENVELOPE. DO NOT ABBREVIATE SCHOOL NAMES.

OFFICE USE ONLY

DATE: _____ BY: _____

ID: _____ PAID: _____

COMMENTS:

MAIL TO:

AUTHORIZE TO RELEASE

AUTHORIZATION TO RELEASE TESTING INFORMATION

DATE: _____

I _____, _____ give my permission to the Golden West College
 Student's Name GWC ID or S.S. #

Assessment Center to release my test results to _____ . My test date is _____ .
 Receiver's Name

 Student's Signature

NOTE: THE PERSON RECEIVING THIS INFORMATION WILL BE REQUIRED TO SHOW A PICTURE I.D.

OVER