

After completing and signing this form, submit it to the Testing Center, Room L220
Or mail to: Illinois Central College
Testing Center Room L220
One College Drive
East Peoria, IL 61635-0001
(309) 694-5234 fax (309) 694-8820

Scores Request Form

Date of Request: ____ / ____ / ____

Student ID _____ (required)

Name: _____
Last First MI

Previous Names: _____

Street Address: _____

City, ST, Zip: _____

Telephone: (_____) _____

Birthdate: ____ / ____ / ____

SCORES RELEASED TO:

Student is responsible for providing complete and accurate information.

NAME _____

DEPT. _____

ADDRESS _____

CITY _____ ST _____ ZIP CODE _____

FAX (_____) _____ E-mail (if applicable) _____

Signature of student authorizing release of scores: _____

Date: _____

The Family Educational Rights and Privacy Act of 1974 prohibits educational institutions from releasing student records WITHOUT written consent from the student.