



Assessment Center
 2400 W. Bradley Avenue, U-203
 Champaign, IL 61821
 E-mail: assessmentcenter@parkland.edu
 Telephone: 217-351-2432
 Fax: 217-373-3764

Permission to Release Student Assessment Information

I, _____, Parkland Student ID#: _____, give permission
Please print

for Parkland College Assessment Center to release my testing information to _____,

(attn) _____ by way of: (choose all that apply)

- Email: _____
- Fax: _____
- Mail: _____
- _____
- _____

I understand that no information, other than directory information, will be discussed in a manner other than the manner stated above.

I understand that this release is valid until it is amended or revoked by me in writing or one year from the date of signature (whichever comes first).

Please complete the section below in the presence of a notary.

_____(initial) I have read this form carefully and understand the implications of releasing the above marked record.

Student's Signature _____

Date _____, Student Contact Phone Number: _____

Notary:

State of: _____ County of: _____

Signed and sworn (or affirmed) to me on _____ by _____
(date) (name of person making statement)

 Signature of Notary Public

Seal:

Assessment Center Use Only

Director's Approval: _____ Date: _____