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| **AUTHORIZATION FOR THE RELEASE OF INFORMATION** | |
| **CHIPOLA COLLEGE TESTING CENTER**  **3094 INDIAN CIRCLE**  **MARIANNA, FL 32446**  [**www.chipola.edu**](http://www.chipola.edu)  **Phone: 850.718.2284** | |
| **STUDENT INFORMATION** | |
| **First Name** |  |
| **Last Name** |  |
| **Social Security Number (Last four digits)** | **xxx-xx-\_\_\_ \_\_\_ \_\_\_ \_\_\_** |
| **Date of Birth** |  |
| **I willingly and knowingly authorize the above Chipola College to send the information requested.**  **Student Signature: Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **INSTITUTION INFORMATION** | |
| **I authorize Chipola College to release information to the following institution by way of:** | |
| **Check one:** | **\_\_\_\_\_\_Email \_\_\_\_\_\_Postal Service** |
| **Name of Institution** |  |
| **Street Address** |  |
| **City, State & Zip Code** |  |
| **Name of Contact Person** |  |
| **Phone Number** |  |
| **Email Address** |  |
| **Type of Test** |  |
| **Date of Testing (month & year)** |  |

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| **Email to:**  **testingcenter@chipola.edu** |



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<http://www.chipola.edu/legal/equity.htm>