

## 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  
Fax: 850.718.2357

#### STUDENT INFORMATION

First Name

Last Name

Social Security Number

Date of Birth

I willingly and knowingly authorize the above Chipola College to send/receive the information requested.

Student Signature:

Date:

#### INSTITUTION INFORMATION

I authorize Chipola College to release information to the following person/agency:

Name of Institution

Street Address

City, State & Zip Code

Name of Contact Person

Phone Number

Fax Number

Email Address

Type of Test

Date of Testing (month & year)

Fax completed form to 850-718-2357

or email to:

[testingcenter@chipola.edu](mailto:testingcenter@chipola.edu)



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