AUTHORIZATION TO RELEASE TEST SCORES FORM

Levelland Campus
Testing Office
1401 S. College Avenue
Levelland, TX 79336
Phone: 806.716.2367, 806.716.2530
barant@southplainscollege.edu

Reese Center
Testing Office
819 Gilbert Drive
Lubbock, TX 79416
Phone: 806.716.4631, 806.716.4689
jtrusty@southplainscollege.edu

NOTE: Send form via email to the corresponding campus the student took the test
If student tested at the Plainview Campus, or Byron Martin Center, please send it via email to the Reese Testing Office.

General Personal Information

Last Name _____ First Name _____ Date of Birth (MM/DD/YYYY) _____

Telephone Number _____ ***SPC Student ID # _____

*Test Date(s) (MM/DD/YYYY) _____ Campus Location Tested _____

Release Statement

I, _____, hereby authorize South Plains College, Testing
Full Name (Please Print)

Center, to send my test scores to _____.
(Name of Institution)

Institution Information

Name of Administrator _____ Telephone # of Institution _____ Fax or email of Institution _____

Address of Institution _____

Student's Signature _____ Date _____

*I understand that this release is for the specified test date(s) only.
**Verification of Pre Assessment Activity from South Plains College will be attached to score report
***Disclosure of Social Security Number is voluntary and is not required by state or federal law. The Social Security Number provided on this form will be used only to identify test scores.