



43600 Mission Blvd.
Attn. Placement Center
Fremont, CA 94539
Fax: (510) 659-6561
www.ohlone.edu

Testing Score Release Form

Requests are processed in 5 business days. Currently, there is no charge.

Today's date: _____

All information below is required! Please type or print clearly.

Examinee's Information:

Test Date: _____

Last Name: _____ First Name: _____

Ohlone ID # or S.S. #: _____ D.O.B.: _____ Email: _____

Address: _____

City: _____ State: ____ Zip Code: _____ Phone: _____

Third Party Information (contact person at the education institution or the education institution receiving the results):

Last Name: _____ First Name: _____

Institution: _____ Fax: _____

I (examinee's full name here), _____, give permission to (third party's full name here) _____ to receive my Ohlone College Placement/Assessment results on my behalf. I understand that the results are considered confidential information.

Examinee's Signature: _____ Date: _____