Testing Score Release Form

Request only if you are a former student - defined as a student who has enrolled and completed at least one course at Ohlone College. Requests are processed in 5 business days.

Today’s Date: _________________

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

Student’s Information:

Test Date: ___________________   Ohlone I.D# or SSN#: _____________________

Last Name: _________________________     First Name: ________________________________

D.O.B: ____________   Phone #: (_____)______________    E-mail: ________________________

Third Party (person/institution receiving the placement results) Information:

Last Name: _______________________     First Name: ________________________________

Institution: ___________________________________________________________________

Fax #: (_____)___________________     Email: ____________________________________

I (student’s name),____________________________________, give permission to

(third party’s name) __________________________________ to receive my Ohlone College
placement results on my behalf. I understand that placement results are considered confidential information.

Student’s Signature: __________________________________     Date: _________________