



43600 Mission Blvd.  
Attn. Placement Center  
Fremont, CA 94539  
www.ohlone.edu

## Testing Score Release Form

Requests are processed in 5 business days and are free of 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 (person or institution receiving the placement/assessment results):

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Institution: \_\_\_\_\_ Fax: \_\_\_\_\_

Address (if mailing results): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

*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: \_\_\_\_\_