



PERMISSION TO RELEASE COLLEGE PLACEMENT TEST SCORES

Essex County College – Testing Center
303 University Avenue, Newark, NJ 07102
Email: testingcenter@essex.edu / Phone: 973-877-3481 / Fax 973-877-3446

Student's Information:

ECC Student ID Number: _____

First Name: _____

Last Name: _____

Date of Birth: ____ / ____ / ____
(mm) (dd) (yyyy)

Street Address: _____

(City) (State) (Zip Code)

The above named student has requested that his/her Accuplacer Placement Test Scores be forwarded to the following:

Receiving Institution's Information:

Institution Name: _____

Department: _____

Street Address: _____

(City) (State) (Zip Code)

Fax: _____ Telephone: _____

Email: _____

Student's Signature: _____ **Date:** ____ / ____ / ____

By signing above, I give permission to Essex County College to release my college placement test results to the recipient named herein.

Office use only:

Date Sent	Signature
Comments	