**AUTHORIZATION TO RELEASE TEST SCORES FORM**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Levelland Campus** | **Reese Center** | **Lubbock Career and Technical Center** | **Lubbock Downtown Center** | **Plainview Center** |
| 1401 S College Ave | 819 Gilbert Dr. Bldg 8 | 3907 Avenue Q | 1625 13th St | 1920 W 24th St |
| Levelland, TX 79336 | Lubbock, TX 79416 | Lubbock, TX 79412 | Lubbock, TX 79401 | Plainview, TX 79072 |
| 806.716.2368 | 806.716.4631 | 806.716.4631 | 806.716.4631 | 806.716.4304 |
| 806.716.2367 | 806.716.4689 | 806.716.4689 | 806.716.4689 |   |

***NOTE: Send completed form via email to*** ***testing@southplainscollege.edu******.***

**General Personal Information**

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

 \_

Telephone Number \*\*\*SPC Student ID #

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

**Release Statement**

I, , hereby authorize the South Plains College Testing

Full Name (Please Print)

Center to send my test scores to .

(Name of Institution Scores need to go to)

**Institution Information**

Name of Administrator Telephone # of Institution Email of Institution

 \_

Physical Address of Institution

Student’s Signature

 Date

***By signing the above statement, I understand that this release is for the specified test date(s) only.***

*Updated 6/29/2021*