Test Score Release Form

Please fill out this form completely and forward a signed copy to the Office of Planning and Assessment at: McCormick Center for Human Services, Suite 2203, Second Floor, 400 E. Second St., Bloomsburg, PA 17815-1301.

Test scores cannot be released without written authorization from the student, accompanied by a photocopy of the student’s ID, containing both his/her photograph and signature (i.e. driver’s license, passport, or State ID).

Student Name (First/Last): __________________________________________

Six-Digit BU ID #: _________________________________________________

Phone Number: ___________________________________________________

E-mail Address: ___________________________________________________

Approximate Test Date: _____________________________________________

Name of Test:  p ACCUPLACER p ETS Proficiency Profile

p Foreign Language Placement Test/Language: ________________________ (BU Use Only)

p Other ____________________________ (Name of other assessment/test)

Attention Student:

- By signing this form, you are authorizing Bloomsburg University to release your assessment/test score to the entity listed on this form.
- Please note that this request may take up to 3-5 business days to be processed.
- One form must be submitted for each request. The form must be signed.
- You are welcome to return your completed form via postal mail (see address above), by fax (570) 389-3043, or scan and e-mail the form to: PlanningandAssessment@bloomu.edu.
I hereby authorize Bloomsburg University to release my assessment/test score listed above to the following school, agency, organization, or person:

**Note:** If your assessment/test score is to be forwarded to a school, organization, agency, etc., please provide the office with a contact person. Thank you for your cooperation.

Institution Name: __________________________________________________________
Contact Name/Office: _______________________________________________________
Address: __________________________________________________________________
City, State, Zip: __________________________________________________________________
Phone number: __________________________________________________________________
E-mail Address: __________________________________________________________________
FAX number: __________________________________________________________________

**Send Test Scores via:**
- E-mail
- Mail
- Fax

**Print Copy of Test Scores:**
- (In-person request)

Your signature  (Do Not Print)  Date