



CONSENT FOR THE RELEASE OF ASSESSMENT TEST DATA

Today's Date: _____

I, _____ (Student Name) _____ (Century Student ID/SS#)

_____, _____
(Date of Birth) (Phone Number)

Authorize Century College Assessment/Testing Center to release my assessment scores to:

College/University: _____

Address: _____

CITY STATE ZIP

Assessment Coordinator or Contact: _____

I am requesting assessment test data for the above-named are released to the above institution to be used in accordance with MnSCU Policy 3.3 Assessment for College Readiness. I understand that placements made by testing at Century College are particular to that institution and that placements made based on these scores may differ at other MnSCU institutions.

I understand that this consent expires within one (1) year after the date of signature.

Please fax these scores to the following number: _____

Date: _____ Signature: _____

Identification Checked Date Sent: _____ Mail Fax

Sent By: _____

Please complete the form and then either bring to the Assessment/Testing Center, fax (651)779-5831, or mail the form. Make sure you send it to the address listed below.

**Century College
Assessment/Testing Center
3300 Century Ave North
White Bear Lake, MN 55110**