

**Century Community and Technical College
Assessment Center
3300 Century Ave North
White Bear Lake, MN 55110
Voice 651-779-3352
Fax 651-779-5831**

CONSENT FOR THE RELEASE OF NEW STUDENT ASSESSMENT TEST DATA

Today's Date: _____

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

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

Authorize Century Community and Technical College Assessment Testing Office 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 be 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 Took With
Sent By: _____

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

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