Camden County College prohibits the release of any information concerning a past or present student without written permission of the student or parent/guardian concerned.

At the bottom of this form you will find an information release form. The student or parent/guardian must sign this form and enclose a non-refundable check or money order for $15 made payable to Camden County College. After the Testing Center receives the fee and signed Test Score Release Form, the College’s Testing Center will release the requested information to the designated institution/company.

I hereby authorize Camden County College to release my test scores to the following:

Institution Name: ______________________________________________

Address:______________________________________________________

Fax: _________________________________________________________

Student Name:________________________________________

Student Birth Date: ____________________________________________

Colleague ID#:________________________________________________

Student Signature:_____________________________________________

If the Student is under 18 years of age, a parent/guardian must sign below.

Parent/Guardian Signature:_____________________________________

Business Office Received Form and Payment:__________Date:_________