

#### **Assessment**

## **Authorization to Release Placement Test Scores**

#### Instructions

Please mail or fax the completed and signed form to HFC Course Placement office. There is no charge for this service. **Incomplete forms will delay processing.** Scores that can be requested include Compass, Accuplacer and CaMLA.

Henry Ford College Welcome Center – Assessment Office 5101 Evergreen Road Dearborn, MI 48128 Fax: (313) 317-4112

#### **Student Information**

Student ID Number:				
Date of Birth: Phone	e Number:			
Last Name:	First Name:			
Middle Initial:				
Previous/Former Name(s), if applicable:				
Current Address:		City:		
State: Zip Code:				



#### **Assessment**

# **Authorization to Release Placement Test Scores**

### **Mailing/Fax Information**

Please m	ali fax a co	ppy of all of my Placement scores to the fo	nowing institution.
Institution Nam	e:		
Institution Addı	ress(if by mail): _		
	_		
	_		
	_		
Institution Fav	Number (if by fe	w\·	
msillulion rax	Number (ii by ia	x):	
your test result	s to the institutio	ting this form, you are authorizing Henry Fon at the fax number documented above. For erify the accuracy of the recipient informations.	Please NOTE the Course
Student Signet	uro:	Data	
oluueni oignai	ui 6	Date: _	