



**ANTELOPE VALLEY COLLEGE
ASSESSMENT CENTER**

3041 W. Ave. K
Lancaster, CA. 93536
Phone: (661) 722-6341
Fax: (661) 722-6608

STUDENT AUTHORIZATION FOR RELEASE OF RECORDS

1. Please complete ALL information on the release form.
2. Student records are confidential. Assessment results will be issued only at the written request of the student.
3. A Picture I.D. is required for pick up.
4. Allow 1-2 working days for processing.

AVC Student I.D.	Current Last Name	First Name	MI
		()	
Birth Date	Previous Name(s)		Phone Number
Approximate Month and Year of Assessment	Current Street Address		
	City, State, Zip Code		

I hereby authorize the release of information regarding my assessment results and any other pertinent placement testing information to:

Name and Address OR Fax Number of where assessment results are to be sent: The STUDENT is responsible for listing the correct address or fax number. Please print legibly.



Check here if receiving an official copy of assessment results in person: Pick Up

Student's Signature _____

Today's Date _____

The above release of information requires the student's signature.

FOR OFFICE USE ONLY

Date Processed: _____ By: _____