



STATE FAIR COMMUNITY COLLEGE

RELEASE FORM

I, _____, give permission to:
(Please print name)

STATE FAIR COMMUNITY COLLEGE

Assessment and Testing Center

3201 West 16th Street

Sedalia, MO 65301

(660) 530-5818

To release my _____ test results to:
Name of test

Name of person and institution

Address of institution

Fax number of institution

Graduation year or test date _____

Signature _____

SS# or SFCC Student ID _____

University of Central Missouri Student ID _____

Telephone number _____

Date _____