



AUTHORIZATION TO RELEASE TEST SCORES FORM

Levelland Campus	Reese Center	Lubbock Career and Technical Center	Lubbock Downtown Center	Plainview Center
1401 S College Ave Levelland, TX 79336 806.716.2368 806.716.2367	819 Gilbert Dr. Bldg 8 Lubbock, TX 79416 806.716.4631 806.716.4689	3907 Avenue Q Lubbock, TX 79412 806.716.4631 806.716.4689	1625 13th St Lubbock, TX 79401 806.716.4631 806.716.4689	1920 W 24th St Plainview, TX 79072 806.716.4304

NOTE: Send completed form via email along with a copy of your driver's license or valid picture ID to: testing@southplainscollege.edu.

General Personal Information

Last Name
First Name
Date of Birth (MM/DD/YYYY)

Telephone Number
***SPC Student ID #

*Test Date(s) (MM/DD/YYYY)
SPC Campus Location Tested

Release Statement

I, _____, hereby authorize the South Plains College Testing
Full Name (Please Print)

Center to send my test scores to _____.
(Name of Institution Scores need to go to)

Institution Information

Name of Administrator
Telephone # of Institution
Email of Institution

Physical Address of Institution

Student's Signature
Date

By signing the above statement, I understand that this release is for the specified test date(s) only.