

**ACT SCORE REPORT RELEASE AUTHORIZATION FORM**

Name (Please Print): \_\_\_\_\_  
Last First Maiden

List any other name(s) you may have had when you tested: \_\_\_\_\_

Social Security Number:

On which campus did you take the ACT assessment?

Bessemer (Approximate Date): \_\_\_\_\_ Birmingham (Approximate Date): \_\_\_\_\_

If you ever enrolled at LSCC, the Buckley/Pell Amendment to the *Family Education Rights and Privacy Act of 1974* prevents the release of your score report(s) without your written consent.

**Please check one:**

Official Copy

Number of Copies:  1  2

If you are requesting an official copy of your score report(s), please read the following statement and complete the information requested below.

I authorize Lawson State Community College to release my ACT scores to the schools(s), or organization(s) listed below. I understand that my score report(s) will be mailed within 24-48 hours of my initial request. Return this form by U.S. mail to: Lawson State Community College, 1100 9th Ave. S.W., Bessemer, AL 35022, Attn.: Dr. Jeff Shelley, Admissions Office. E-mail your signed request to: admissions@lawsonstate.edu (Your score report will not be faxed to third party recipients but will be forwarded by U.S. mail only.)

**Please note that a student must be in good standing with the college before a score report may be released.**

1. College/Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City State Zip

2. College/Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
City State Zip

**REQUIRED**

My signature certifies that I have read and understood the above statements regarding the privacy act and release of ACT Score Reports. I give my permission for the release of my score report(s).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please provide us your current mailing address and contact information should we need to contact you.**

Address City State Zip Daytime Telephone Number