

FOOTHILL COLLEGE

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## TESTING & ASSESSMENT CENTER 12345 El Monte Rd., 8212, Los Altos Hills, CA 94022<u>f(e)esting@fhda.ed(p)</u> 650-949-7743

Foothill ID #	Email:
Date of Birth:	Phone:

I authorize Foothill College to release my  $f \bullet \bullet \ddagger \bullet \bullet \bullet \ddagger$ testing scores to the following school, agency, or organization listed below:

Name:			
Address:			
Email Address:			
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Please send my results via (circle):	Mail /	Email	
Signature:		Date:	
The official Accuplacer Individua	l Scor e Repoi	t (ISR) will be attache	ed to this form.

Requests will be processed in the order they are received and should take no longer than 5 working days.

Date Received:	Mailed	Emailed	Date Processed:	
Processed by:	ISR Attached		Comments:	
FOR OFFICE USE ONLYDo not complete				

Foothill College Testing & Assessment Center / (650) 949743/ <u>fhtesting@fhda.ed/u foothill.edu/placement</u>