AUTHORIZATION TO RELEASE TEST SCORES

Once you have printed and completed the authorization form, it can be brought directly to the Office of Testing Services. If you are unable to deliver it in person, you can fax the request to (201) 447-2693, email the completed form to testingoffice@bergen.edu from your Bergen Community College email to ensure authentication, or mail it to the following address:

Bergen Community College
Office of Testing Services, Room S-127
400 Paramus Road
Paramus, NJ 07652

*Please note that we will only release the test scores of tests which were administered by Bergen Community College. If you have taken the test at another institution we cannot release that information.*

1. Testing score requests cannot be processed without the signature of the student.
2. Authorizations are processed in the order they are received.
3. Normal “turn-around” time is five working days from the date the request is received.
4. Please write clearly and legibly when completing this form.

I, ______________________________________, being 18 years of age, do hereby authorize

(Please print your name)

Bergen Community College to release test scores as requested below to:

Name of Organization:  ______________________________________________________

Address of Organization (please include fax #) __________________________________

________________________________________________________________________

Student’s address: ____________________________________________________________

Student’s telephone #: (_____) ______-_________  BCC ID#: _______________________

Email address: _______________________________________________________________

☐ I have taken the placement examination at another college or university and have received a waiver of the placement examination at BCC and need written confirmation of this waiver for a chargeback. (Students are required to pick this confirmation up in person at The Office of Testing Services in room S127.)

Student’s Signature: ___________________________  Today’s date: ___________________________

Parent’s signature if student is under 18 years of age: ___________________________

FOR OFFICE USE ONLY

Date faxed/mailed:_________________________  Initials: ___________________________