

**RELEASE FORM FOR  
GED SCORES / TRANSCRIPT OR  
COMPASS SCORES**

- PRINT YOUR NAME AT TIME OF TESTING: \_\_\_\_\_
- OTHER NAMES POSSIBLY USED: \_\_\_\_\_
- SOCIAL SECURITY # \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_
- CURRENT PHONE # \_\_\_\_\_
- CURRENT NAME AND ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- APPROXIMATE DATE TESTED: \_\_\_\_\_
- RECEIVED GED CERTIFICATE: \_\_\_\_\_ YES \_\_\_\_\_ NO

- 1) REQUEST GED: \_\_\_\_\_ SCORES; \_\_\_\_\_ TRANSCRIPT TO BE: (go to #3)
- 2) REQUEST: \_\_\_\_\_ COMPASS SCORES TO BE: (go to #3)
- 3) \_\_\_\_\_ PICKED UP BY; \_\_\_\_\_ MAILED TO: (complete name and address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of examinee

\_\_\_\_\_  
Date

I give Clark College permission to release my GED or COMPASS records to the person/institution I named on this form. I understand that information will not be faxed - only picked up in-person or sent by regular mail. This form may be mailed or faxed.

**Clark College Assessment Center  
1933 Fort Vancouver Way  
MS# PUB 014  
Vancouver, WA 98663  
TEL: 360.992.2588  
FAX: 360.992.2984**

