

Permission to Release Information

I hereby give Harrisburg Area Community College permission to release my GED Test Scores and related information to:

Name of Agency: _____

Person Receiving the Information: _____

Address of Agency or Organization: _____

Student's Name (printed): _____

Student's Signature: _____

Social Security Number: _____

Date: _____

Return to:

Harrisburg Area Community College
One HACC Drive
Whitaker Hall – Room 132
Harrisburg, PA 17110-2999

Fax: 717-780-3215
Phone: 717-780-2650