

**BROOKDALE COMMUNITY COLLEGE  
OFFICE OF TESTING SERVICES  
765 NEWMAN SPRINGS ROAD, LINCROFT, NJ 07738  
PHONE: 732 - 224 - 2584  
FAX: 732 - 224 - 1863**

**PERMISSION TO RELEASE COLLEGE PLACEMENT ASSESSMENT RESULTS:**

**Requested by (Student):**

\_\_\_\_\_

**Last Name**

\_\_\_\_\_

**First Name**

\_\_\_\_\_

**Student I.D. # Number**

\_\_\_\_\_

**Date**

**Purpose of Release:**

\_\_\_\_\_

**I give permission for Testing Services of  
Brookdale Community College to release  
my college placement test results.**

**Student Signature:**

\_\_\_\_\_

**ID Number:**

**Make copy of photo ID  
card in this area.**

\_\_\_\_\_

**Name of College**

\_\_\_\_\_

**Department**

\_\_\_\_\_

**Department Phone Number**

\_\_\_\_\_

**Fax Number/Phone Number**

\_\_\_\_\_

**Street Address**

\_\_\_\_\_

**City**

\_\_\_\_\_

**State**

\_\_\_\_\_

**Zip Code**