

Updated December 2013



**Release of Information to
Eastern Wyoming College
Adult Basic Education Program**

Student's Name (Full legal name)

____/____/____
(Date of Birth)

____-____-____
Social Security Number

hereby request and authorize the release the following information concerning myself: (and copies thereof)

_____ Official TABE Test results

_____ HSEC Practice Test results

_____ Official HSEC Test results

_____ Other Record: _____

for the purpose of:

_____ Employment

_____ Continuation of Study Program

_____ Other: _____

From/to officials at:

Academic Institution

Address

City State Zip Code

Student Signature

Date