



LEWIS-CLARK STATE
— COLLEGE —

Authorization to Share ALEKS Test Results

Student Name _____

I hereby authorize Lewis-Clark State College to share my ALEKS test results with the following person, agency, service, or institution indicated below.

Individual Name _____

OR

Agency / Institution _____

Mailing Address _____

Phone # _____

FAX # _____ OR Email _____

for testing date(s): _____

Student Signature _____ Date _____

Original Signature Required

Address: _____

Phone _____