

If you intend to use ASSIST, you must complete and forward this form to The Testing Office, either before or when you bring your first test for scoring.

To insure the security of your test and the confidentiality of your student scores,

signature(s) of all other authorized individuals, including the department secretary.

I authorize the following individuals to pick up my test results from The Testing Office:

NAME (Print)	SIGNATURE	POSITION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Instructor Name (Print)	Instructor Signature	Department
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This authorization will remain in effect until notification from you or your department. If you wish to delete an authorized individual from this list, please inform Testing Office.