

**AUTHORIZATION FOR RELEASE OF
INDIVIDUAL TEST RESULTS**

**NORTHEAST WISCONSIN TECHNICAL COLLEGE – GREEN BAY
TEST ADMINISTERED BY: ASSESSMENT CENTER**

I, _____, _____,
(PRINT YOUR NAME) (SOCIAL SECURITY NO.)

give my permission for Northeast Wisconsin Technical College (NWTC) to release to:

Company/School Name: _____

Attention: _____

Mail to: _____

Fax to: _____

The results of the following tests:

NAME OF ASSESSMENT/TEST TAKEN

DATE ADMINISTERED

1.)

2.)

Northeast Wisconsin Technical College does not assume responsibility for the use of these tests results as a screening tool in making employment decisions, transferring, or training of employees.

SIGNATURE OF INDIVIDUAL

DATE