

PERMISSION TO RELEASE GED TEST INFORMATION
(Consent Form for Release of GED Scores/Transcripts)

I hereby give **Luzerne County Community College's Official GED Test Center**
(#3000410545) permission to release my **GED Test Scores** and related information to:

___Luzerne County Community College's **Office of Admissions**

or

___Name of Agency:_____

Person Receiving the Information:_____

Phone Number:_____

Address of Agency or

Organization:_____

GED Completer's Name (**print** clearly):_____

GED Completer's Signature:_____ Date:_____

MONTH and YEAR you obtained your GED Diploma_____

STATE where you obtained your diploma_____

SOCIAL SECURITY NUMBER:_____

DAYTIME PHONE NUMBER:_____

- If enrolling at LCCC, please return this form directly to the LCCC Office of Admissions; if not enrolling at LCCC, please return to the LCCC Official GED Test Center, FAX 570-740-0605, (ATTN: Dr. Peter Balsamo).
- If you have any questions, please call 570-740-0601