AUTHORIZATION TO RELEASE TEST RESULTS

I, __________________________, authorize the CareerTech Testing Center, a division of the Oklahoma Department of CareerTech to release my test results to __________________________
from __________________________

Candidate’s Name: __________________________
Candidate’s Address: __________________________
Candidate’s City/State/Zip: __________________________

________________________________________   __________________________
(Candidate’s Signature) (Date)

Name of Witness: __________________________
Witness Signature: __________________________
(if under 18, must be parent/guardian)

NOTE: For requests made in person, the CTTC - Health and Professional Certification Project test center coordinator must witness the Candidate’s Signature on this form. Mail requests must have the Candidate’s Signature notarized by an Oklahoma Notary Public. Mail requests may be sent to:

CareerTech Testing Center - Health & Professional Certification Project
c/o Oklahoma Department of Career and Technology Education
1500 W. Seventh Avenue
Stillwater, OK  74074

Revised 11/10/2010