



## Release of Information Authorization

(Please print clearly)

Date: \_\_\_\_\_ Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone number: \_\_\_\_\_

Current Address: \_\_\_\_\_

I hereby give my permission to Landmark College to release copies of the following documents back to me: Psychoeducational Testing / Evaluation: \_\_\_\_\_ Other: \_\_\_\_\_ (please list below)

**\*\*NOTE: This form cannot be used to request transcripts submitted from other schools. You must contact those schools directly.\*\***

- *Landmark College can only release copies, which may not be valid towards any future college application process. Please contact the issuing organization for originals.*
- *Landmark College cannot verify the authenticity of these documents which were submitted during the admissions process and were not created by anyone at the college.*
- *This information is highly confidential.*

Why are you requesting a copy of your testing and evaluation(s)?

\_\_\_ I'm leaving Landmark and want to get accommodations at another college

\_\_\_ My advisor suggested I get a copy of this document to review. Please write the name of your advisor here \_\_\_\_\_

\_\_\_ I need to use this information for a course at Landmark. Course name: \_\_\_\_\_

\_\_\_ Other - Please explain your other reason:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ I would like to review the document for personal reasons

Student Signature: \_\_\_\_\_ (\*REQUIRED\*)

Landmark College Staff: \_\_\_\_\_ Date released: \_\_\_\_\_

### FORM SUBMISSION OPTIONS:

Postal Mail: Landmark College Registrar's Office, 19 River Road South, Putney, VT 05346

Scan and email: [registrar@landmark.edu](mailto:registrar@landmark.edu)

Fax: (802) 387-6400