



P.O. Box 1109, Blytheville, AR 72316
Phone: 870-838-2955
Fax: 870-763-1654

Authorization to Release Official GED Scores Missouri

Please complete this entire form and print clearly.

I authorize Arkansas Northeastern College to obtain my official Missouri GED scores from the Missouri online transcript system.

_____	_____	_____
Last Name	First Name	Middle Initial
_____	_____	_____
Last 4 Digits of SS Number	Date of Birth	Maiden Name
_____	_____	_____
Physical Address	Phone Number	

City, State & Zip		

I understand I have the right to refuse to sign this form, and that I may revoke my authorization at any time (except to the extent that the information has already been obtained). This Authorization will automatically expire one (1) year from the date of this request or on the following requested date: _____.

Student Signature

Parent or Guardian Signature
(If student is under the age of 18)

This form cannot be used for the re-release of confidential information provided or obtained by ANC's Admissions Office from other individuals or agencies.

Office Use Only

Date Received: _____ Staff Initials: _____

Date Completed: _____ Staff Initials: _____

*** Disclosure requirement – must keep in student file.**