

Information Release Authorization Form MSU Scoring Office

This form is to specify who is authorized to receive reports, data, and scanned bubble sheets from the Scoring Office. Please print.

Instructor: _____

Department: _____

Course Number: _____

Section(s): _____

Authorized person and MSU email address to receive digital reports and data:

Name: _____

E-mail: _____

Authorized person(s) to pickup scanned forms and printed output:

Name: _____

Name: _____

Name: _____

Instructor's Signature: _____ Date: _____