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: ________