

AUTHORIZATION TO RELEASE
EDISON ELECTRIC INSTITUTE (EEI)
TEST SCORES

I authorize _____ to release my _____ test score(s) to
(Name of Company) (Type of Test)
_____'s Testing Coordinator or his/her designee. I understand
(Name of Receiving Company)
that I am consenting to the release of test data to be used to identify qualified candidates
for hiring, transfer, and/or promotion.

In exchange for _____ utilizing this information, I hereby agree not to
(Name of Receiving Company)
file or pursue any complaints, claims or legal actions against _____ that
(Name of Company)
provides this information about me to _____ or any of its employees,
(Name of Receiving Company)
representatives, or agents in accordance with the terms and intent of this release. I also
agree not to file or pursue any complaints, claims, or legal actions against

(Name of Receiving Company)
or any of its employees, representatives, or agents arising
out of their efforts to obtain my _____ test score(s).
(Type of Test)

Please be assured that all released information is kept strictly confidential.

Print Name: _____

Last 4 digits of Social Security Number: _____

EEI Test Battery: _____ Approximate Test Date: _____

Signature: _____ Date: _____