

**Optional Release Form**  
(Videotape of ITA Evaluation, & etc.)

I hereby grant permission to the Intensive American Language Center to utilize my evaluation and the following information for professional development and/or research purposes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

PERSONAL INFORMATION (Please Print):

Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

First Language: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Department: \_\_\_\_\_ Degree: \_\_\_\_\_

Program: \_\_\_\_\_

ENGLISH INFORMATION (Please Print):

TOEFL Test Dates: \_\_\_\_\_ TOEFL Score: \_\_\_\_\_

TSE Test Dates: \_\_\_\_\_ TSE Score: \_\_\_\_\_

Name of Other Standardized Test: \_\_\_\_\_

Test Date: \_\_\_\_\_ Test Score: \_\_\_\_\_

Number of years you studied English in your home country: \_\_\_\_\_

Number of years you studied English in the United States: \_\_\_\_\_

Number of years you studied English in other English-speaking countries: \_\_\_\_\_

Which countries? \_\_\_\_\_

Length of time you have spent in the United States: \_\_\_\_\_

Length of time you have spent in other English-speaking countries: \_\_\_\_\_

Which countries? \_\_\_\_\_

CAREER GOAL(S):

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If you decide to fill out this Release Form, please return it with your Registration Form to the receptionist in the Intensive American Language Center (IALC) in McAllister Hall Room 116. Thank you for your cooperation.