

**PPST AUTHORIZATION FORM
CAREER SERVICES OFFICE
CHADRON STATE COLLEGE**

AUTHORIZATION TO MAKE PPST GRADES A PART OF YOUR CREDENTIAL FILE.

_____ I authorize the inclusion of my grades from the Pre Professional Skills Test in my credential file with the Career Services Office at Chadron State College.

_____ I do not wish to have my grades from the Pre Professional Skills Test in my credential file with the Career Services Office at Chadron State College

Name _____
(Please Print)

Signature _____ Date _____

Last four digits of Social Security Number _____

Date of Graduation _____