

7. Indicate below test(s) for which you need a copy of your test results sent to OSPI:

Test Date	Test Program Name and Content Area Test Name
_____	_____
_____	_____
_____	_____

8. For which state did you apply these test results toward certification?

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9. I certify that I am the person making this request and whose name and address appear on this form. By signing below, I authorize the release of the results of the test(s) indicated on this form to the Washington Office of Superintendent of Public Instruction (OSPI).

Signature

Date

IF THIS FORM IS NOT SIGNED, IS MISSING INFORMATION, OR IS NOT ACCOMPANIED BY THE APPROPRIATE PAYMENT, IT WILL BE RETURNED TO YOU UNPROCESSED.