

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

Test Date	Test Program Name and Content Area/Basic Skills Test Name
_____	_____
_____	_____
_____	_____

8. Indicate the recipient(s) for your test results below.

- I would like my results from a content knowledge test reported to the Washington Office of Superintendent of Public Instruction (OSPI). Indicate below the state where you applied these test results toward certification.

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- I would like my results from a basic skills assessment reported to the Washington Office of Superintendent of Public Instruction (OSPI) and educator preparation program listed below.

Program Name: _____

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) and, if applicable, the educator preparation program identified above.

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.