



Accountability, Assessment, and Evaluation  
Christa McAuliffe Center  
12000 Goodwood Boulevard  
Baton Rouge, Louisiana 70815  
(225) 226-7625 FAX- (225) 226-7605

# Request for Test Scores

Date \_\_\_\_\_ Testing Period \_\_\_\_\_

<p><b>To</b> _____</p> <p>_____</p> <p>School / Department</p> <p>_____</p> <p>School District</p> <p>_____</p> <p>Telephone No.                      FAX No.</p>	<p><b>From</b> _____</p> <p>_____</p> <p>School / Department</p> <p>_____</p> <p>School District</p> <p>_____</p> <p>Email address</p> <p>_____</p> <p>Phone No.                                      Fax No.</p>
---	---

**Student** \_\_\_\_\_  
Last                                      First                                      MI                                      Grade

LA School ID (Unique ID) \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(10-digit number)

Previous School \_\_\_\_\_ District \_\_\_\_\_