



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>To _____</p> <p>_____</p> <p>School / Department</p> <p>_____</p> <p>School District</p> <p>_____</p> <p>Phone _____ FAX _____</p> | <p>From _____</p> <p>_____</p> <p>School / Department</p> <p>_____</p> <p>School District</p> <p>_____</p> <p>Email address _____</p> <p>_____</p> <p>Phone _____ FAX _____</p> |
|--|--|

Student _____

Last First MI Grade

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

Previous School _____ District _____