Verification of Student/Parent Request

Date:

Student Name: SSID: Grade Level:

School Name: School 3-digit Code:

School Contact Person Name: Tel. No.

School Contact Person E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Student/Parent chooses to: |
| □ send □ not send student’s Smarter Balanced **ELA/Literacy** results to the UH system of colleges and universities.  (check one) |
| □ send □ not send student’s Smarter Balanced **Mathematics** results to the UH system of colleges and universities.  (check one) |

In the space below, state the reason this request is being made:

|  |
| --- |
|  |

The student (or his/her parent) and the Test Coordinator must sign and date this form to verify the request.

|  |  |  |  |
| --- | --- | --- | --- |
| **Title** | **Print Name** | **Signature** | **Date** |
| Student |  |  |  |
| Test Coordinator |  |  |  |
| Parent (OPTIONAL) |  |  |  |

The school Test Coordinator should retain the original form for documentation purposes.