



5215 Gordon Persons Building
 Post Office Box 302101
 Montgomery, AL 36130-2101

Telephone: (334) 242-9983
www.alsde.edu/EdAssessment

REQUEST FOR ACT WORKKEYS BASIC SKILLS ASSESSMENTS

This form is to be used to request your records for the ACT WorkKeys Basic Skills Assessments. No other testing records can be requested via this form.

If you are seeking Praxis Core Academic Skills for Educators, Praxis Subject Assessments, or Praxis Principles of Learning and Teaching results, please either contact ETS at 1-800-772-9946 or by email at <http://www.ets.org/praxis/contact>. Requests for Alabama testing records to be submitted to another state's certificate issuing authority must be submitted on Form ATV.

A nonrefundable fee of \$30.00 is required for **each** request. The fee may be paid by money order or cashier's check made payable to the Alabama State Department of Education. The fee may also be paid through the Alabama State Department of Education Educator Certification Online Payment System, with a major credit card, at www.alabamainteractive.org/education (a \$4.00 transaction fee will be applied). No personal checks will be accepted. The cashier's check, money order, or a copy of the receipt verifying the confirmation number for the online payment must accompany this form.

TYPE OR PRINT LEGIBLY, USING BLACK INK, WHEN COMPLETING THIS FORM. APPLICATION FORMS ARE NOT ACCEPTED BY FAX OR E-MAIL.

APPLICANT'S PERSONAL INFORMATION:

Title (e.g., Mr.)	First	Middle	Maiden	Last	Suffix (e.g., Jr.)
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Street/Apt./P.O. Box/Route and Box			City	State	ZIP Code
<input style="width: 100%;" type="text"/>			<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Cell Telephone	Home Telephone	Work Telephone	E-mail Address		
()	()	()	<input style="width: 100%;" type="text"/>		
Social Security Number	Date of Birth (mm-dd-yyyy)				
- -	- -				

ACT WORKKEYS BASIC SKILLS ASSESSMENTS FORM IS TO BE MAILED TO:

This Form will **ONLY** be mailed to one designated recipient. Each additional request must be on a separate form.

Name of Recipient (Institution or Person)	To the Attention of:	
Address	City, State, Zip Code	
Should your social security number be included with your ACT WorkKeys Basic Skills Assessments records?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Should your ALSDE Teacher ID be included with your ACT WorkKeys Basic Skills Assessments records?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Should any other personally identifiable information be included with your ACT WorkKeys Basic Skills Assessments records? Information to be included: _____	<input type="checkbox"/> Yes <i>(If yes, provide information)</i>	<input type="checkbox"/> No

Name: _____

SSN: _____ - _____ - _____

Note: A copy of the original score report received from the ACT WorkKeys will not be forwarded. Alabama can only verify a Pass/No Pass and the date for each of the sections of the ACT WorkKeys Basic Skills Assessments.

I have read the information contained in this form and hereby permit the Alabama State Superintendent of Education to release my ACT WorkKeys Basic Skills Assessments information to the recipient I have designated. I understand that the responsibility for obtaining these documents and the information contained therein remains with me, the requestor. I also understand that the Alabama State Department of Education will use due diligence to safeguard my personal information. I agree that the Alabama State Department of Education is not responsible for this information outside of its offices when mailed. I understand the Alabama State Department of Education will not, under any circumstances, email or fax the ACT WorkKeys Basic Skills Assessments Request Form.

By signing below, I release the State of Alabama, the Alabama State Department of Education, its staff, and State Board Members from any and all liability, direct or indirect, related to this form and the information contained herein.

Date

Signature of Applicant

Alabama State Department of Education
 Educator Assessment Section
 Teaching and Leading

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ACT WORKKEYS BASIC SKILLS ASSESSMENTS REQUEST FORM

The Alabama State Department of Education has received a request from the individual named below to provide his/her records of the ACT WorkKeys basic skills assessments.

 Title First Middle Maiden Last Suffix

 Social Security Number

 Identification Number

ACT WorkKeys Basic Skills Assessments: <i>Effective 2003-July 2017</i>	<i>Test Date</i>	<i>Pass</i>	<i>No Pass</i>	
	Reading			
	Writing			
	Mathematics			

Only successful attempts will be reported on this form.

Signature of Authorized Official	Printed Name
Title	E-mail Address