



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.