



**Grade 11 Smarter Balanced Scores Shared with University of Hawaii System**

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.