



**Request for Verification
OTELA
Spring 2007**

Student Information

Student Name _____

Date of Birth _____

District Name _____

District IRN _____

School Name _____

School IRN _____

Test Information

Grade Band and Grade Level of Test (**Circle One Grade Level**):

K	1	2	3	4	5	6	7	8	9	10	11	12
---	---	---	---	---	---	---	---	---	---	----	----	----

Domains *Must give scores for request to be processed – DO NOT put check mark.*

Reading _____ Listening _____ Writing _____ Speaking _____

Composite _____

Deadline

June 15, 2007

Please give detailed reason for request _____

Superintendent Signature and Date – *must include signature to be complete*

_____ Date

Fax form to:
American Institutes for Research (AIR)
877-403-5047

- ONLY COMPLETED FORMS WILL BE PROCESSED -