



Request for Invalidation

OTELA

Spring 2008

Student Information

Student Name _____

Date of Birth _____

District Name _____

District IRN # _____

School Name _____

School IRN # _____

Test Information

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

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

May 2, 2008

Please give detailed reason for request _____

Superintendent Signature and Date – *must have signature to process request*

_____ Date

Fax form to:
American Institutes for Research (AIR)
614-220-9012

- ONLY COMPLETED FORMS WILL BE PROCESSED -