LEAP 2025 Humanities Assessment 2019-2020

Void Request Form

Testing Window (Select One From Below)

☐ October 21-November 1
☐ January 27-February 7
☐ April 6-May 1

School and System Information

DTC Name: _________________________________ Date: _______________________ 

School System Name: ________________________________________________

School Site Code: ______________________________ Phone No: ______________ 

School Name: ________________________________

STC Name: _______________________________________

STC Signature: _________________________________ Date: ____________________ 

Principal Signature: ______________________________ Date: __________________

Student Information (For more than one student, use a separate copy of this form for each request.)

Secure ID (LASID Ten-digit number as recorded in SIS) ________________ Day of Birth: _____

First Initial of First Name: ____ First Three Letters of Last Name: _____________

Enrolled Grade: ______

Reason For Void Request: ________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

This document should be completed and returned to the district test coordinator, with additional supporting testing irregularity documentation, no later than the last day of the appropriate window checked at the top of the page. All documents, as well as questions about this process, should be emailed to assessment@la.gov.