

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.