



ALABAMA STATE DEPARTMENT OF EDUCATION
EDUCATOR ASSESSMENT SECTION
 5215 GORDON PERSONS BUILDING
 POST OFFICE BOX 302101
 MONTGOMERY, AL 36130-2101
 Telephone: (334) 694-4872
[Alabama Achieves](http://AlabamaAchieves.org)

REQUEST FOR ALABAMA TESTING RECORDS

FORM ATV

This form is used to request Alabama testing records be submitted to **another state's certificate issuing authority only**.

The Alabama State Department of Education (ALSDE) will ONLY provide testing records for assessments in areas for which a Professional Educator Certificate or Professional Leadership Certificate was issued in Alabama.

A nonrefundable fee of \$38.00 is required. The fee may be paid by money order or cashier's check made payable to the Alabama State Department of Education. The fee may also be paid through the [ALSDE Educator Certification Online Payment System](#), with a major credit card, (a transaction fee will be applied). No personal checks will be accepted. The cashier's check, money order, or a copy of the receipt verifying the confirmation number for the online payment must accompany this form.

TYPE OR PRINT LEGIBLY, USING BLACK OR BLUE INK, WHEN COMPLETING THIS FORM. APPLICATION FORMS ARE NOT ACCEPTED BY FAX OR E-MAIL.

PERSONAL DATA					
<i>Legal Name as it appears on government-issued identification.</i>					
Title (e.g., Mr.)	First	Middle	Maiden	Last	Suffix
Street/Apt./P.O. Box/Route and Box			City		State (Abbv.)
					ZIP Code
Email Address			Cell Number		Work Telephone
Social Security Number		ALSDE ID		Date of Birth (mm-dd-yyyy)	

THE ALABAMA TESTING RECORDS FORM WILL ONLY BE MAILED TO ANOTHER STATE'S CERTIFICATE ISSUING AUTHORITY. The form **cannot** be mailed to any other entity, including the person requesting the testing verification information.

ALABAMA TESTING RECORDS FORM IS TO BE MAILED TO:			
Name of State Certificate Issuing Authority		To the Attention of:	
Street/Apt./P.O. Box/Route and Box		City	State (Abbv.)
Identification Number from other state's issuing authority (if applicable)			

Name: _____ SSN or ALSDE ID: _____

ATTESTIONS

I am requesting all applicable test scores be sent to the requested state's issuing authority. I understand that:

- Only scores for Alabama prescribed tests are reported to the ALSDE from the testing vendors and maintained in our test score database.
- A copy of the original score report received from the testing vendor will not be forwarded to the state's certificate issuing authority. Alabama will forward the Alabama Testing Records Form.

I have read the information contained in this form and hereby permit the Alabama State Superintendent of Education to release my testing information to the state's certificate issuing authority. I understand that the responsibility for obtaining these documents and the information contained therein remains with me, the requestor. I also understand that the Alabama State Department of Education will use due diligence to safeguard my personal information. I agree that the Alabama State Department of Education is not responsible for this information outside of its offices when mailed.

By signing below, I release the State of Alabama, the Alabama State Department of Education, its staff, and State Board Members from any and all liability, direct or indirect, related to this form and the information contained herein.

Date: _____ Signature of Applicant: _____