Paper Clip Only. Do NOT Staple.

ALABAMA STATE DEPARTMENT OF EDUCATION
EDUCATOR ASSESSMENT SECTION
5215 GORDON PERSONS BUILDING
POST OFFICE BOX 302101
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Telephone: (334) 694-4872
ALSDE - Alabama Achieves

REQUEST FOR ACT WORKKEYS BASIC SKILLS ASSESSMENTS

FORM ABS

This form is used to request records for the ACT WorkKeys Basic Skills Assessments. **No other testing records can be requested via this form.**

- If you are seeking scores for Praxis Core Academic Skills for Educators, Praxis subject assessments, or Praxis Principles of Learning and Teaching, please contact Educational Testing Service (ETS) at 1-800-772-9946 or by email at Praxis
- If you are seeking scores for the Educative Teacher Performance Assessment (edTPA), please contact Pearson Education at (866) 565-4872 or by email at edTPA | Contact Form
- If you are seeking scores for Foundations of Reading 190, please contact Pearson Education at (844) 589-0413 or by email at Foundations of Reading

Requests for Alabama testing records to be submitted to another state's certificate issuing authority must be submitted on Form ATV.

❑ A nonrefundable fee of $38.00 is required for Educator Certification to complete the form. A major credit card is required for online payments. A transaction fee will be applied. All application fees are non-refundable. Payment receipt must be emailed with documents.

- To make an online payment, you must have an AIM account. Users without an AIM account must first CREATE one before completing an online payment. To create your AIM account, please visit AIM Portal.
- To log in or to your AIM account, please visit AIM Portal.
- Once you have established an AIM account, follow the steps below.
  - Click on the tile labeled ACE, which will take you to your ACE dashboard.
  - Once on your ACE dashboard, click on the dollar sign ($) in the top right corner to make a payment.

If you cannot create or log into your AIM Account, contact the ALSDE Help Desk during normal business hours by emailing helpdesk@alsde.edu or calling 334-694-4777.

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
Legal Name as it appears on government-issued identification.

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)

Name: _____ *SSN or ALSDE ID:* _____

ACT WORKKEYS BASIC SKILLS ASSESSMENTS FORM IS TO BE MAILED TO:			
Name of recipient	**To the Attention of:**		
Street/Apt./P.O. Box/Route and Box	**City**	**State (Abbv.)**	**ZIP Code**
Identification Number from other state's issuing authority (if applicable)			

This Form will ONLY be mailed to one designated recipient. Each additional request must be on a separate form.

ATTESTATIONS

I am requesting all applicable test scores be sent to the recipient I have designated. I understand that:

- A copy of the original score report received from ACT WorkKeys will not be forwarded.
- Form ABS only verifies the test date(s) and "pass/no pass" for each applicable section of the ACT WorkKeys Basic Skills Assessment.

I have read the information contained in this form and hereby permit the Alabama State Superintendent of Education to release my ACT WorkKeys Basic Skills Assessment information to the recipient I have designated. 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:** _____