Paper Clip Only. Do NOT Staple.

ALABAMA STATE DEPARTMENT OF EDUCATION
EDUCATOR ASSESSMENT SECTION
5215 GORDON PERSONS BUILDING
POST OFFICE BOX 302101
MONTGOMERY, AL 36130-2101
Telephone: (334) 694-4872
ALSDE - Alabama Achieves

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 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)

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.)	ZIP Code

Identification Number from other state's issuing authority (if applicable)	

Name: _____ *SSN or ALSDE ID:* _____

ATTESTATIONS

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:** _____