## Request to Mark Student Online Test Complete or Void

LEA: _____

SCHOOL: _____

SCHOOL NUMBER: _____

| Admin: Science, ELA/L, Mathematics, Social Studies | Statewide ID | Student Name | Test Session Name | Reason for Marking Test Complete | Reason for Marking Test Void |
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STC Phone (email): _____

STC Name: _____

STC Signature: _____

STCs must submit all Requests to Mark Student Online Tests Complete or Do Not Report to the LAC

Request to Mark Complete or Void an Online Test