Request to Mark Student Online Test Complete or Void

LSS NAME: _____

SCHOOL NAME: _____

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

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