

**Request to Mark Complete or Void an Online Test**

DATE: \_\_\_\_\_

LEA: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

SCHOOL NUMBER: \_\_\_\_\_

Admin: Science, ELA/L, Mathematics, Social Studies	Statewide ID	Student Name	Proctor Group 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