Void Request Form

Testing Window (Select One from Below)

☐ Window 1

☐ Window 2

☐ Window 3

School and System Information

DTC Name: _____   Date: _____

School System Name: _____

School Site Code: _____   Phone No: _____

School Name: _____

STC Name: _____

STC Signature: _____   Date: _____

Principal Signature: _____   Date: _____

Student Information (For more than one student, use a separate copy of this form for each request.)

Secure ID (LASID Ten-digit number as in SIS): _____   Day of Birth: _____

First Initial of First Name: _____   First Three Letters of Last Name: _____

Enrolled Grade: _____

Reason for Void Request:

_____

_____

_____

This document should be completed and returned to the district test coordinator, with additional supporting testing irregularity documentation, no later than the last day of the appropriate window checked at the top of the page. All documents, as well as questions about this process, should be emailed to assessment@la.gov.