



CHEC INDEPENDENT SCHOOL

REQUEST TO HOLD TEST SCORES

Family Name (under which records will be filed): _____

Father's Full Name: _____ Mother's Full Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Email: _____

Students' names for test scores or evaluations currently being submitted:

_____	_____
_____	_____
_____	_____

I/We understand that the CHEC Independent School is required to report to the State of Colorado a composite test score that falls at or below the 13th percentile or an evaluation that does not indicate progress according to the child's ability. We further give permission to CHEC to release these test scores or evaluations to the names listed below:

Father: _____ Mother: _____

Other: _____

Signed: _____ Date: _____

Mail this form to the CHEC Office:

- Include a check or money order made out to CHEC:
 - Initial fee to open a family file: \$25 OR Subsequent submission fee: \$15
- Include a copy of scores or evaluations.
- Mail to CHEC (19039 Plaza Drive Suite 210, Parker, CO 80134)