



**OKLAHOMA**  
**Education**

**Ryan Walters**  
**State Superintendent of Public Instruction**  
**Oklahoma State Department of Education**  
**Teacher Certification Section**  
**(405) 521-3337**



**FOR OFFICE USE**

## REQUEST FOR TEST SCORE REPORT

**For results of tests passed after August 1997, please contact the  
Office of Educational Quality and Accountability at (405) 522-5399**

Name \_\_\_\_\_  
Last First Middle Maiden

Address \_\_\_\_\_  
Street or Rural Route Number

City State Zip Code

( ) ( )

Daytime Telephone Number

Evening Telephone Number

Social Security Number:

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Name when tests were taken: \_\_\_\_\_

**NAME OF TEST**

**YEAR PASSED**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Test score reports should be sent to:

\_\_\_\_\_ Name

\_\_\_\_\_ Address

City State Zip Code

\_\_\_\_\_ Email

Please send this form and \$25 to:

Oklahoma State Department of Education  
Teacher Certification Section – Room 212  
2500 North Lincoln Boulevard  
Oklahoma City, Oklahoma 73105-4599