



Student Identification Letter

***This ID Letter is valid for one year.**

Section 1: Must be completed by High School Principal or Counselor

ATTENTION: Test Center Staff

This letter verifies the identification of the student pictured below attends the high school named below and does not have an acceptable photo I.D.

High School Name: _____

Full Address: _____

Phone #: _____

Print Name of Student: _____

Student's Date of Birth: _____

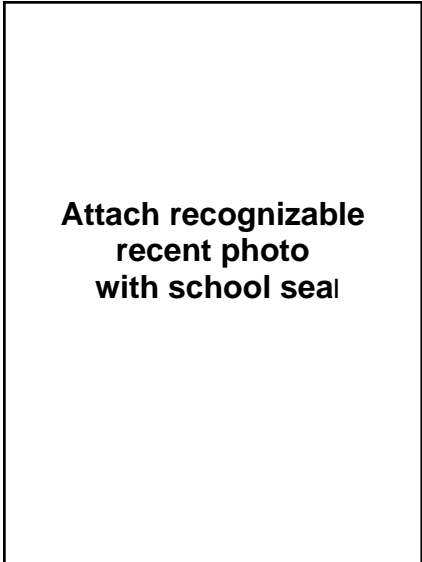
Student's Gender: Male Female (Circle One)

Signatures:

I am the person named and described above. I am signing this letter in the presence of the school official signing below. I understand that the consequences of false identification on the test day include cancellation of all test scores.

Student Signature

Date



The student named and described above has signed this letter in my presence.

High School Official's Signature

Date

Section 2: Student must sign in the presence of testing staff on test day.

I am the person whose signature and pictured above. I am signing this letter in the presence of test center staff on test day. My signature attests to the truthfulness of the statements made on this letter.

Student Signature

Test Date

Student Signature

Test Date

Student Signature

Test Date

Student Signature

Test Date

Please bring this ID letter every time you test.