

Massachusetts Vocational Technical Teacher Testing Program

Greater Lowell Technical High School

250 Pawtucket Boulevard, Tyngsboro, Massachusetts 01879-2199

Telephone: (978) 441-4946 . Fax: (978) 441-4893

Email: techteachtest@gltech.org . Website: www.gltech.org/TeacherTesting.htm

2018-2019 RESULTS VERIFICATION REQUEST FORM

Complete this form to request verification of your test results. **This request is for FAILING CANDIDATES only.** Your request must be received no later than the specified date below. Telephone, e-mail and faxed requests will not be accepted. You will be sent the results of your score verification request within four weeks.

FIRST NAME: _____ MI: _____ LAST NAME: _____

STREET ADDRESS: _____ APT.#: _____

CITY: _____ STATE: _____ ZIP: _____

SOCIAL SECURITY #: _____ - _____ - _____ TELEPHONE #: (____) _____ - _____

E-MAIL: _____ DAYTIME TELEPHONE #: (____) _____ - _____

TEST AREA: _____ TEST DATE: _____

<u>Written Test Dates</u>	<u>Verification Requests Received By the Testing Program by</u>	<u>Date by which Results of Verification will be mailed by the Testing Program</u>
August 11, 2018	September 7, 2018	October 5, 2018
September 8, 2018	October 5, 2018	November 2, 2018
December 1, 2018	December 28, 2018	January 25, 2019
January 12, 2019	February 8, 2019	March 8, 2019
February 9, 2019	March 8, 2019	April 5, 2019
March 9, 2019	April 5, 2019	May 3, 2019
June 22, 2019	July 19, 2019	August 8, 2019
<u>Performance Test Dates</u>	<u>Verification Requests Received By the Testing Program by</u>	<u>Date by which Results of Verification will be mailed by the Testing Program</u>
October/November 2018	Within Two (2) Weeks of Receipt of Score	Within four (4) Weeks of Receipt of Request
May 2019	Within Two (2) Weeks of Receipt of Score	Within four (4) Weeks of Receipt of Request

BE SURE TO ENCLOSE Your \$50.00 Results Verification Fee. The Testing Program DOES NOT ACCEPT Personal Checks. ALL PAYMENT OF EXAM FEES MUST BE IN THE FORM MONEY ORDER, BUSINESS CHECK, OR CASH. MADE PAYABLE TO: **GLTHS TEACHER TESTING**

Signature

Date

FOR PROGRAM OFFICE USE ONLY (DO NOT WRITE IN THE BOX BELOW)

Bank Check/ Money Order #:	_____	Amount:	_____
Bank ID #:	_____	Reg. Date:	_____