

ANSWER SHEET REQUEST AUTHORIZATION FORM

Department _____ Phone _____

Project ID. No. _____

Authorized by _____

Date _____

Printed Name _____

_____ Number of Blue Scan Sheets (\$.10 per sheet)

_____ Number of Red Scan Sheets (\$.10 per sheet)

_____ Number of Green Rating Sheets (\$.10 per sheet)

_____ Total number of sheets

TESTING AND EVALUATION CENTER SERVICES & COST

Exams

- | | |
|---------------------------------|--------------|
| a. Purchase answer sheets | \$.10/sheet |
| b. Optically scan answer sheets | \$.10/sheet |
| c. Score exam | \$.10/sheet |
| d. Exam edit & rescore | \$.15/sheet |

Rev. 07/2012