

**STANFORD ACHIEVEMENT TEST, 10th EDITION (SAT-10)
MISSING STUDENT SCORE/DESK AUDIT REQUEST FORM**

School Name: _____ Test Administration Date: _____

School Number: _____

Student Last Name	Student First Name	FL Student ID#	Grade Level	Choose One: Missing Score* Or Desk Audit **	Subject Area

* Please verify that the student was present during the testing window before filing a missing score request.

** The request for a Desk Audit must be accompanied by a letter from the school principal and/or parent who support the request.

Please fax this form and any supporting information to: Student Assessment & Educational Testing at 305-995-7522.

Person Submitting Request

Date

Phone #

Signature of Principal or Designee

Date