

CHEC Independent School
Request to hold test scores

Family Name: _____
(under which test scores will be filed)

Father's Full Name: _____

Mother's Full Name: _____

Street Address: _____

City: _____ State: CO Zip: _____

Student's names for test scores currently being submitted:

_____	_____
_____	_____
_____	_____
_____	_____

I, We understand that The CHEC Independent School is required to report to the State of Colorado any test scores that fall below the 13th percentile. We further give permission to CHEC to release these test scores to the names listed below:

Father: _____

Mother: _____

Other: _____

Signed: _____

Parent or Legal Guardian

Enclosed is our one-time fee of \$25.00

Credit Card Credit Card # _____ Expires ____/____

Signature _____

Check made out to CHEC

We have previously paid our one-time fee

Mail this form, payment and copy of scores to:
CHEC Independent School, 10431 S Parker Rd., Parker, CO 80134