

ASVAB TEST REQUEST FORM SCHOOL YEAR 2007-2008

School Information

School Name:			
School Address:			
Point of Contact Name:		Official Title:	
Phone Number:		Ext	Fax Number:
Email Address:			

Note: If any of the above information is incorrect, please cross it out and fill in the correct information.

Scheduling Information

Requested Date	Date			Time			
Alternate Date	Date			Time			
Military Release Option (please circle choice) OR Split Option Release (circle two options)	1	2	3	4	5	6	8
	7 days after test scores are mailed	60 days after test scores are mailed	90 days after test scores are mailed	120 days after test scores are mailed	End of School Year Date:	7 days after test scores are mailed (without phone numbers)	Results not released to recruiting services

Note: Options apply to juniors and seniors. Option 7 is for MEPS use only.

Estimated number of students to be tested	12 th Grade	11 th Grade	10 th Grade
Mandatory testing? (Yes/No)	12 th Grade	11 th Grade	10 th Grade

Enter by name or room number where the test session will be conducted

Would you like to use pre-registration to reduce your total testing time?

Yes _____ No _____

Are there any special circumstances relating to your test session?

If yes, please explain.

Do you require a scheduled break?

Yes _____ No _____

Please provide the projected populations for School Year 2007-08 in the area provided below.

12th Grade _____ 11th Grade _____ 10th Grade _____

I am not ready to schedule. Please contact me in _____ (month)

Signature:

Date:

ASVAB Contact Information and Return Address

Test Coordinator:	Janet Schwahn jan.schwahn@mepcom.army.mil	Phone:	(503) 528-1630 ext 236
Education Services Specialist:	Janice Carson janice.carson@mepcom.army.mil	Phone:	(503) 528-1639
Address:	Portland MEPS 7545 NE Ambassador Place Portland OR 97220-1367	Fax:	(503) 528-1640

www.asvabprogram.com

*Please call if you have any questions concerning this form.
Form may be faxed, emailed, or mailed to Ms. Schwahn*