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**SITE/SCHOOL INFORMATION:**

*Please write clearly.*

Testing Site/School Name: ____________________________ State: ______
Teacher’s Name: ________________________________________
(Cannot be Proctor)
Testing Site Administrator Name, if not Teacher: __________________________
Test Site Administrator, Title, if not Teacher: __________________________
Testing Site Administrator’s Phone Number: (______) ______________________
Testing Site Administrator’s Email: ______________________________________

A*S*K exam prices are based on quantity purchases.
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<th>Quantity Ordered</th>
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Authorized Signature: ____________________________________________ Date: ______

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