



Educator Licensure Test Results

Request Form

Complete this form and attach to an email addressed to michael.rowland@arkansas.gov or fax to 501-682-5118. This form requires a notarized signature and seal (see bottom of form). Test results will be emailed to the email address given in this form within a few business days.

| CONTACT INFORMATION of educator requesting licensure test scores | | |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--|
| Name: <small>(Include maiden and married names)</small> | | |
| Address: | | |
| | | |
| Email: | | |
| Phone: | Last Four (4) Digits of Social Security Number: <small>(Please do not include entire SSN)</small> | |
| Date This Form Sent to ADE: | | |

| NOTARY PUBLIC CONTACT INFORMATION (to be completed by a notary public) | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Name: | |
| State of: | |
| County of: | |
| <p style="text-align: center;"><i>Subscribed and sworn before me, a notary public, in and for the state and county aforesaid,</i></p> <p style="text-align: center;">this _____ day of _____, 20_____ <small>(day) (month) (year)</small></p> | |
| Notary Signature: | |
| notary seal: | |