



**State Board for Educator Certification**

Austin, TX

[www.sbec.state.tx.us](http://www.sbec.state.tx.us)

**REQUEST FOR EXAMINEE PERFORMANCE ON TESTS FOR CERTIFICATION**

**REQUESTER'S STATEMENT**

I am an employee of an educational institution (public school district, teacher educator program, state department of education) and have a legitimate educational interest in obtaining the results of an examinee's performance on tests for certification.

I understand that if the test was taken recently, the results may not be immediately available but that you will notify me as soon as they are available. The person whose certification and signature appear below is the examinee in whose test results I am interested.

**EXAMINEE'S WAIVER AND RELEASE**

For the purpose of releasing my certification test scores to the requester identified below, I hereby waive my rights and privileges to confidentiality under the federal Family Educational Rights & Privacy Act of 1974 (FERPA) (20 U.S.C. 1232g) and the regulations implementing the act (34 CFR Part 99). I certify that I give the individual making this request permission to obtain such information (possibly) prior to my receiving my test results in the mail. I further understand that I am not obligated to disclose any social security number, that doing so is entirely voluntary on my part and constitutes a waiver of any confidentiality rights or privileges I may assert for my social security number, and that my social security number may appear in correspondence or other documentation released to the requester identified below. In addition, I give SBEC permission to release the information requested below to the individual designated below.

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Examinee's Printed Name \_\_\_\_\_ Date: \_\_\_\_\_

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Examinee's Signature \_\_\_\_\_ SSN \_\_\_\_\_

Examination/Name of Test	Date Taken	Test Performance (SBEC Use Only)

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Name of Person Requesting Score(s): \_\_\_\_\_ Position/Title: \_\_\_\_\_

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Educational Institution: \_\_\_\_\_

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Signature: \_\_\_\_\_

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Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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**FOR USE BY THE STATE BOARD FOR EDUCATOR CERTIFICATION**

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Signature of SBEC Staff Responding: \_\_\_\_\_

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Person Contacted: \_\_\_\_\_ Date: \_\_\_\_\_