



**ALABAMA STATE DEPARTMENT OF EDUCATION  
 EDUCATOR ASSESSMENT SECTION  
 5215 GORDON PERSONS BUILDING  
 POST OFFICE BOX 302101  
 MONTGOMERY, AL 36130-2101  
 Telephone: (334) 694-4872  
[Alabama Achieves](#)**

**REQUEST FOR ACT WORKKEYS BASIC SKILLS ASSESSMENTS**

**FORM ABS**

This form is used to request records for the ACT WorkKeys Basic Skills Assessments. **No other testing records can be requested via this form.**

- If you are seeking scores for Praxis Core Academic Skills for Educators, Praxis subject assessments, or Praxis Principles of Learning and Teaching, please contact Educational Testing Service (ETS) at 1-800-772-9946 or by email at [Praxis Contact](#)
- If you are seeking scores for the Educative Teacher Performance Assessment (edTPA), please contact Pearson Education at (866) 565-4872 or by email at [edTPA Contact Form](#).
- If you are seeking scores for Foundations of Reading 190, please contact Pearson Education at (844) 589-0413 or by email at [Alabama Foundations of Reading - Contact Us](#)

**Requests for Alabama testing records to be submitted to another state’s certificate issuing authority must be submitted on Form ATV.**

A nonrefundable fee of \$38.00 is required. The fee may be paid by money order or cashier’s check made payable to the Alabama State Department of Education. The fee may also be paid through the [ALSDE Educator Certification Online Payment System](#), with a major credit card, (a transaction fee will be applied). No personal checks will be accepted. The cashier’s check, money order, or a copy of the receipt verifying the confirmation number for the online payment must accompany this form.

**TYPE OR PRINT LEGIBLY, USING BLACK OR BLUE INK, WHEN COMPLETING THIS FORM. APPLICATION FORMS ARE NOT ACCEPTED BY FAX OR E-MAIL.**

<b>PERSONAL DATA</b>						
<i>Legal Name as it appears on government-issued identification.</i>						
Title (e.g., Mr.)	First	Middle	Maiden	Last	Suffix	
Street/Apt./P.O. Box/Route and Box			City		State (Abbv.)	ZIP Code
Email Address			Cell Number		Work Telephone	
Social Security Number		ALSDE ID		Date of Birth (mm-dd-yyyy)		

<b>ACT WORKKEYS BASIC SKILLS ASSESSMENTS FORM IS TO BE MAILED TO:</b>			
Name of recipient		To the Attention of:	
Street/Apt./P.O. Box/Route and Box	City	State (Abbv.)	ZIP Code
Identification Number from other state’s issuing authority (if applicable)			

**This Form will ONLY be mailed to one designated recipient. Each additional request must be on a separate form.**

Name: \_\_\_\_\_ SSN or ALSDE ID: \_\_\_\_\_

## ATTESTIONS

I am requesting all applicable test scores be sent to the recipient I have designated. I understand that:

- A copy of the original score report received from ACT WorkKeys will not be forwarded.
- Form ABS only verifies the test date(s) and “pass/no pass” for each applicable section of the ACT WorkKeys Basic Skills Assessment.

**I have read the information contained in this form and hereby permit the Alabama State Superintendent of Education to release my ACT WorkKeys Basic Skills Assessment information to the recipient I have designated. I understand that the responsibility for obtaining these documents and the information contained therein remains with me, the requestor. I also understand that the Alabama State Department of Education will use due diligence to safeguard my personal information. I agree that the Alabama State Department of Education is not responsible for this information outside of its offices when mailed.**

**By signing below, I release the State of Alabama, the Alabama State Department of Education, its staff, and State Board Members from any and all liability, direct or indirect, related to this form and the information contained herein.**

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_