



## Request for Test

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**TO:** Special Programs Department  
ATTN: Carmen Rivera  
235 Sunset Ave, Wenatchee  
(509) 662-9634

**FROM:** Human Resources Department

**RE:** Bilingual Testing

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Position: \_\_\_\_\_ Certificated/Classified (circle one)

*This slip authorizes you to provide testing for the above individual. Forward the score sheet and related items to the Human Resources Department.*

Signed: \_\_\_\_\_  
*Human Resources*

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**Please return this portion to Human Resources Department**

This is to verify that: \_\_\_\_\_

Was tested on (date): \_\_\_\_\_

Signed: \_\_\_\_\_  
*Special Programs*