



LOCAL ASSESSMENT DELIVERY TICKET

FROM: _____
SCHOOL

TO: Assessment Service Center
2525 S. Ervay St. - 2nd Floor
BOX # 144

ENCLOSED:

ACP _____

Other _____

NUMBER OF PACKAGES:

BOXES _____

ENVELOPES _____

SCHOOL SIGNATURE:

DATE:

TRUCK DRIVER SIGNATURE:

DATE:

Please make 3 copies of this signed form for the driver, Local Assessment, and your records.