

### WorkKeys Test Results

School Name  
School Address  
City, State

Student Name (First Name, Last Name)	DOB	Test Title	Test Date	Score Level	WorkKeys Certificate

I certify the above information is correct and that I will retain a copy of the student's WorkKeys scores at the high school for at least five years after the student graduates from high school. Please e-mail completed form to [sgie@la.gov](mailto:sgie@la.gov).

Signature  
Title

Date