

PAPER STAAR/EOC or TELPAS REQUEST FORM (ARD & 504 ONLY)

Submit request to sanjgarza@bisd.us at least 6 weeks prior to assessment date.

Name of Student: _____

LOCAL ID: _____

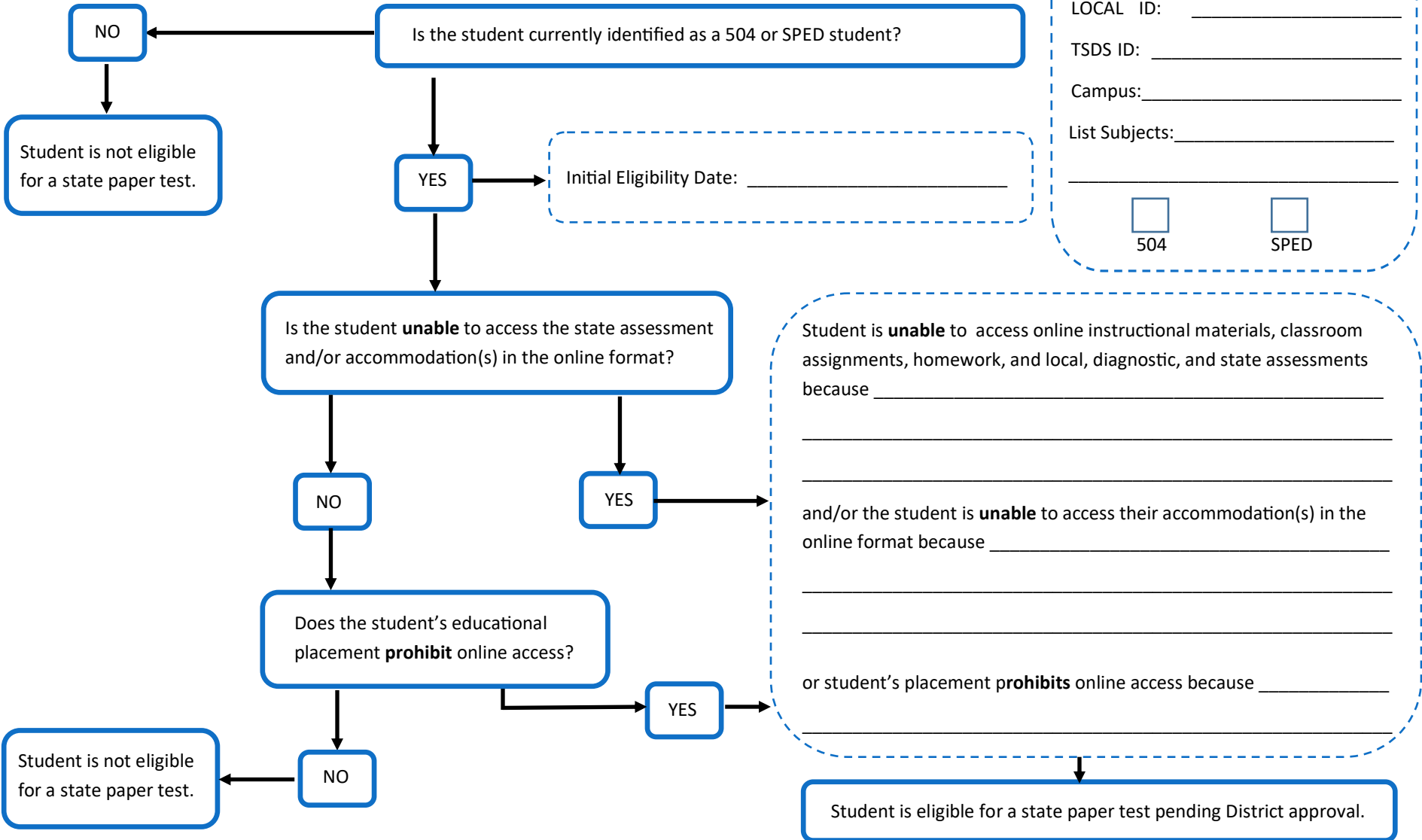
TSDS ID: _____

Campus: _____

List Subjects: _____

504

SPED



Submitted by: _____
Email: _____
Principal Signature: _____
Date: _____

Approved _____
 Denied _____

District Use Only