STATE APPROVED ALTERNATIVE EXAM – IDENTIFICATION FORM

I, ________________________________,
    Name (Please Print)

Wish to take the State approved alternative (Accuplacer) test and do not possess a driver’s license or DPS ID card.

My date of birth is

__________________________________________
Month              Day                    Year

And the photograph attached is of me.

__________________________________________
Signature

__________________________________________
Date

Sworn to and witnessed by me this ______day of _____________, 20____
at _____________________________, ___________________________County, Texas

(SEAL)

__________________________________________
Notary Public in and for ___________________________County, Texas.

Approved by _________________________________
    Signature of Chief Examiner

__________________________________________
Date

(Coastal Bend College does not discriminate on the basis of race, creed, color, national origin, gender, age, or disability.)