



Handscoring Request Form

Your request must be received in our office within 30 calendar days after the mailing of test results.

Completely fill out the request form and mail it to the address below. Please print all information.

Test Date: _____

Test Site: _____

Social Security No.: _____

Please print the requested information.

Last _____ MI _____ First _____

Street Address _____ Apt. No. _____

City, State, ZIP _____

Daytime Phone Number _____

After your request has been received in our office, your original answer document will be scored by hand. A letter notifying you of the results will be mailed to the address you have listed above. Please allow two weeks for processing of your request.

Send this form to: **USF- IIRP**
ALF Testing Office
4202 E. Fowler Avenue, FAO199
Tampa, FL 33620