

**University Computing and Telecommunications
Scantron Work Request**

Please complete all appropriate areas of this form to ensure completion of your request.
Requests will be serviced on a first come first serve basis.

General Information

Name of Requestor: _____ Date: ____/____/____
(Please Print)

Phone/Extension #: _____ Department: _____ Suite #: _____

Optical Mark Reader/Forms Processing

Ticket number must be right justified and all appropriate bubbles must be filled in on all answer sheets. Each response must have only one bubble filled. Use consecutive answers on the key beginning with number 1 (i.e., for 30 answers, use 1 - 30). NOTE: Improperly filled sheets and/or torn or messy sheets will NOT be processed. Allow at least one (1) full working day for processing. PLEASE MAKE SURE ALL FORMS ARE FACING THE SAME DIRECTION. Please provide the following information:

TEST _____ SURVEY _____ EVALUATIONS _____

COURSE TICKET # (Test Scoring): _____

DATA FILE NAME (Survey Data): _____

NUMBER OF FORMS (Include Key): _____

PERSON(S) AUTHORIZED TO
PICK-UP RESULTS (If other than requestor): _____

**NOTE: PICTURE I.D. MAY BE REQUIRED BEFORE TEST RESULTS WILL BE
RELEASED**

UCT Use Only

Date Request Received: ____/____/____ Start Date: ____/____/____ Total Time: _____

Completion Date: ____/____/____ Completed By: _____

Comments:
