

# ASVAB Career Exploration Program

School Information						
School Name:						
School Address:						
Point of Contact Name:				Official Title:		
Phone Number:		Ext		Fax Number:		
Email Address:						
<b>Note: If any of the above information is incorrect or inaccurate, please cross out that information and write the correct information above it.</b>						
Exam Date Reservation Information						
First Choice	Date			Time		
Second Choice	Date			Time		
Third Choice	Date			Time		
Exam Score Release Option Requested	1	2	3	4	5	6
	Results released to recruiters 7 calendar days after release to school.	60 days after	90 days after	120 days after	End of SY	7 days after, without phone #s
Remarks						
Estimated Number of Testers	10 <sup>th</sup> Grade _____	11 <sup>th</sup> Grade _____	12 <sup>th</sup> Grade _____	Other/Post-Secondary _____		
Where will the test be conducted?						
Would you like you test scores interpreted?		Yes _____ No _____	What date would you like your interpretation? (Note multiple dates in the Remarks Section)*			
Please provide the projected student populations for the following grades for this school year in the areas provided below.						
10 <sup>th</sup> Grade _____		11 <sup>th</sup> Grade _____		12 <sup>th</sup> Grade _____		Other/Post-Secondary _____
ASVAB CEP Contact Information and Return Address						
Test Coordinator: Brenda Vest			Phone: 301-677-0394			
ESS: Penny Cummings			Phone: 301-677-0387			
Address:						

\* Please schedule interpretations at least 15 business days after the exam session to allow for exam processing.