Arkansas Department of Education

Four State Capitol Mall, Room 106B, Little Rock AR 72201
Office: 501-682-4342 Fax: 501-683-3312

Praxis Test Results Request Form

Please fill out this form and fax it to 501-683-3312 or mail it to the Office of Educator Licensure at the above address.

Contact Information:

Name : _____

Address: _____

_____

Email : _____

Phone: _____

Social Security #: _____

Month & Year test was taken _____

Please send or fax a copy to: _____

_____

_____

(REQUEST WILL NOT BE PROCESSED WITHOUT A NOTARIZED SIGNATURE)

STATE OF _____

§

COUNTY OF _____

Subscribed and sworn before me, a Notary Public, in and for the county and state aforesaid, this

the _____ day of _____, 2_____ .

Notary Seal