Optical Mark Reader - SCORING OUTPUT REQUEST

Name: ______________________________________ Date: _____ / _____ / ______

Type of Scan: _____ 5 Answer _____ 10 Answer  || _____ Test _____ Eval _____ Surv. (Check)

Output Requested: (please fill in blank with number of report copies you want)

_______ Alphabetical by NAME LIST
_______ Social Security NUMBER LIST
_______ Alphabetical by NAME WITHIN DESCENDING RAW SCORE LIST
_______ Alphabetical by NAME WITHIN ASCENDING RAW SCORE LIST
_______ Social Security Number POSTING LIST

Check one: ______ SINGLE CLASS BATCH _______ MULTIPLE CLASS BATCH

If multiple class batch, list classes separately on printout (Y/N) ? _______

NOTE: To keep the class printout separate, the last column on the name field must be marked by each student with a letter designated by you for that class.

TOTAL SCORE: __________

Questions: __________ Value: ________ Questions: __________ Value: ________

Questions: __________ Value: ________ Questions: __________ Value: ________

Questions: __________ Value: ________ Questions: __________ Value: ________

Questions: __________ Value: ________ Questions: __________ Value: ________

Questions: __________ Value: ________ Questions: __________ Value: ________

NOTE: Number of different values CANNOT total more than 10.

Signature: ______________________________________ Phone #: ___________________

Department: ______________________________________ Job #: ____________________

omrscr02.wpd - revised 01/20/1996

RECEIPT

Job Number: ____________________ Operator: ____________________

THIS RECEIPT IS NEEDED TO CLAIM ALL OUTPUT & ANSWER SHEETS!