

OFFICE OF EDUCATIONAL QUALITY & ACCOUNTABILITY

REQUEST FOR ACT/SAT REVIEW

Social Security Number:

Name:

Address:

Phone:

Email:

Official Results Attached for Review:

ACT

SAT

Signature: _____ Date: _____

Please send request to: Abby Murphey, Assessment Specialist
Office of Educational Quality and Accountability
840 Research Parkway, Suite 455
Oklahoma City, OK 73104
abby.murphey@oeqa.ok.gov

Office of Educational Quality & Accountability

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