

ASVAB Career Exploration Program

School Information						
School Name:						
School Address:						
Point of Contact Name:				Official Title:		
Phone Number:		Ext		Fax Number:		
Email Address:						
Note: If any of the above information is incorrect or inaccurate, please cross out that information and write the correct information above it.						
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 th Grade _____	11 th Grade _____	12 th Grade _____	Other/Post-Secondary _____		
Where will the test be conducted?						
Would you like your 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 th Grade _____		11 th Grade _____		12 th 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.