Place this completed Order Form for Scoring Service (OSS) on the top of all documents in <u>Box 1</u> with all pages stapled together. Failure to do so may delay scoring processing. Do not use the OSS that was provided with your material order.

District (Fill in t	: / LE/		e for	1 1 (AZ Grade 2 CogAT 2022 ORDER FORM FOR RIVERSIDE SCORING SERVICE® Did you also test students online? If yes, please indicate your test event date and name. Online Test Event date:															Program N Data Set I Est. N-Cou Attachmer Complete	ID : unt nts - Yes			
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By signing	, I agre	e to Rive	rside In	sights	' Priva	cy Poli	cy, Te	rms	of Use, a	and Te	rms a	and Co	onc	ditions	. Riv	erside	Insigh	ts' c	compa	any policies ar	e located at: I	https://riversideinsigh	nts.com/supp	ort/policies.

Ship answer documents to the RIVERSIDE SCORING SERVICE®, 9200 Earhart Lane SW, Cedar Rapids, IA, 52404-9078 RIVERSIDE INSIGHTS® CUSTOMER SERVICE Phone: (800) 323-9540 Email: inquiry@riversideinsights.com

*Cog*AT[°]

ARIZONA GRADE 2 GIFTED SPRING 2022

ORDER FORM FOR RIVERSIDE SCORING SERVICE®

District Name for Reports: Enter the number of test documents. Enter Answer Document Count N/A Form 8/ Level 8 N/A **Building Name** (Count by building) Building Name: **Riverside Use Only** Building Name: Riverside Use Only Building Name: **Riverside Use Only** Total Number of Documents

*If you have additional buildings, print additional copies of page 2 to include all your building names.