



PARAPROFESSIONAL WORKKEYS ASSESSMENTS

Full Name (Please Print) _____

Address _____

Phone Number () _____ Registration Date: ____ / ____ / ____

Email: _____

WorkKeys Assessments \$84 (\$25 retest per assessment)

_____ Applied Math _____ Workplace Documents _____ Business Writing

_____ Retest

Total Due \$ _____

1. I acknowledge that the fee for this test is non-refundable.
2. I acknowledge that if I miss this appointment, I will have to register for a new exam appointment and pay a new exam fee.
3. I acknowledge that I must bring a form of photo ID with me that meets the requirements of Wallace Community College

I agree with the above guidelines _____ / ____ / ____
Signature Date

Business Office Use:

Account Code – **FM19**

Receive payment

Return form stamped “PAID” to student along with receipt

Students will submit stamped forms to Testing Administration Bldg. Lab Room A-1 Sparks Campus