

**STATE APPROVED ALTERNATIVE EXAM –
IDENTIFICATION FORM**

I, _____,
Name (Please Print)

Wish to take the State approved alternative
(Accuplacer) test and do not possess a
driver’s license or DPS ID card.

My date of birth is

Month Day Year

And the photograph attached is of me.

Signature

Date

Sworn to and witnessed by me this _____ day of _____, 20____
at _____, _____ County,
Texas

(SEAL)

Notary Public in and for
_____ County, Texas.

Approved by _____
Signature of Chief Examiner

Date

(Coastal Bend College does not discriminate on the basis of race, creed, color, national origin, gender, age, or disability.)