CHANGE OF TEST DATE FORM

(2009-10 School Year)

CHSPE
California High School Proficiency Examination

Mail or fax the completed form to:

Fax to: 916-228-2665

If using U.S. Postal Service, mail this completed form to:
CHSPE Office
Sacramento County Office of Education
P.O. Box 269003
Sacramento, CA 95826-9003

If using another delivery service, such as FedEx, UPS, etc., mail this completed form to:
CHSPE Office
Sacramento County Office of Education
10150 Missile Way
Mather, CA 95655

If after registering you wish to change your test date, you may transfer your registration to a future test date. There is no fee to change your test date if your completed Change of Test Date Form is postmarked or received by fax no later than the regular registration deadline for the test date for which you are registered. If you miss this deadline, there is a $25 transfer fee (money order or bank-issued cashier's check payable to *California Department of Education*). You can submit your completed form and fees separately. You can submit the ***form*** online, you can mail or fax it to the CHSPE Office, or you can submit it at your test site. The completed form must be received by 12:00 p.m. (noon) on the test date for which you are registered. Your ***fee*** must be mailed to the CHSPE Office and postmarked no later than the regular registration deadline for the new test date to which you wish to transfer. If the fee is not postmarked by the regular registration deadline for the new test date to which you wish to transfer, the transfer will not occur and you will not be provided a refund or credit of any kind.

Original Test Date	Deadline to Transfer Free (postmark or fax date)	Deadlines to Transfer with $25 Fee	
		Form Deadline (12:00 p.m. noon)	$25 Fee Deadline (Postmarked)
October 17, 2009	September 18, 2009	October 17, 2009	Regular registration deadline for your new test date
March 20, 2010	February 19, 2010	March 20, 2010	
June 19, 2010	Examinees registered for the June 19, 2010 administration will not be allowed to change their test date.		

1. **Legal Name:** (Please print clearly.)

Last Name _____ First Name _____ Middle Initial _____

2. **Date of Birth:** Month ____ / Day ____ / Year ____

3. **Daytime Phone:** Area Code ____ ____ ____

4. **Fax*:** Area Code ____ ____ ____

5. **E-mail*:** _____

6. **Test Date and Area for which you originally registered:**

☐ October 17, 2009 ☐ March 20, 2010

Original Test Area: Site # _____ Test Area Name _____

7. **New Test Date:** Please review the List of Test Areas by County on page 27 to ensure the site you are requesting is available for the new test date.

☐ March 20, 2010 ☐ June 19, 2010

8. **New Test Area:** First Choice Site # _____ Test Area Name _____ Second Choice Site # _____ Test Area Name _____

9. **Transfer Fee:** ☐ No Fee ☐ $25

10. *I certify that the information provided on this form is accurate to the best of my knowledge and that I am the person whose name and signature appear on this form. I have read and am familiar with the processes governing the CHSPE as they appear in the Information Bulletin. I understand that incomplete, inaccurate, or missing information on this form may delay or jeopardize my registration.*

Signature of Registrant (required): _____ **Date** _____

*if available