

# STATE APPROVED ALTERNATIVE EXAM - IDENTIFICATION FORM

I, \_\_\_\_\_,  
Name (Please Print)

wish to take the State approved alternative

(Accuplacer) test and do not

posses 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