



**ACT WORKKEYS – NATIONAL CAREER READINESS ASSESSMENT
REGISTRATION FORM**

AGENCY/POSITION TITLE				Date:
Name: (Last, First, Middle Initial)				
Date of Birth:				
Driver's License or Guam ID #:				
Mailing Address:				
Contact Numbers:	Home:	Work:	Cell:	
Email Address:				
In Case of an Emergency				
First Name, Last Name:				
Contact Number:				
Relationship:				

I certify that the statements made in this Information Form are true and correct. I understand that any false information provided by me and/or in any supporting document may be cause for refusing to admit me, to or my immediate dismissal from Guam Community College or any WorkKeys testing facility. I also acknowledge that this seat is reserved for me and therefore is **NON-REFUNDABLE** and **CANNOT BE RESCHEDULED**

I authorize Guam Community College to provide my WorkKeys Assessment results to _____
AGENCY REQUESTOR

SIGNATURE: _____ **DATE:** _____

FOR OFFICIAL USE ONLY

Scheduled Test Date:	Time:	Location:	Retake: AM <input type="checkbox"/> GL <input type="checkbox"/> WD <input type="checkbox"/>
-----------------------------	--------------	------------------	---

NON-REFUNDABLE FEE: \$65.00 Retake \$22.00 _____

Detail Code: CE56

Check#: _____ Credit Card Cash Self-Pay

Receipt #: _____

Bill Agency/Co.: _____ CTE Verification (Program/School) _____

CASHIER SIGNATURE: _____ **DATE:** _____

AGENCY/COMPANY AUTHORIZATION: _____