

# Ability-To-Benefit Test Certification

\_\_\_\_\_  
Last Name                  First                  MI                  \_\_\_\_\_ Social Security Number

**The college official administering your ATB test must certify the section below:**

Name of Test: \_\_\_\_\_ Date Taken: \_\_\_\_\_

Test Administered By: \_\_\_\_\_ **PASS    FAIL**  
(Circle One)

**UPON COMPLETION OF YOUR TEST  
SUBMIT THIS FORM TO:**



Financial Aid Office  
Room C-110