

Practice Test

- Alphanumeric Data Entry

Form 1

First Name	M.I.	Last Name
<input type="text" value="Alan"/>	<input type="text" value="M"/>	<input type="text" value="Kreuter"/>
Address		
<input type="text" value="170 Park Row"/>		
City	State	Post Code
<input type="text" value="Baltimore"/>	<input type="text" value="MD"/>	<input type="text" value="27063"/>
Telephone		
<input type="text" value="(405) 623-3485"/>		
Sex	ID Number	
<input type="text" value="M"/>	<input type="text" value="934-54-5113"/>	

Form 2

First Name	M.I.	Last Name
<input type="text" value="Herbert"/>	<input type="text" value="A"/>	<input type="text" value="Gossett"/>
Address		
<input type="text" value="480 Park Ave."/>		
City	State	Post Code
<input type="text" value="Scranton"/>	<input type="text" value="PA"/>	<input type="text" value="46589"/>
Telephone		
<input type="text" value="(215) 543-4592"/>		
Sex	ID Number	
<input type="text" value="M"/>	<input type="text" value="948-23-6582"/>	

Form 3

First Name	M.I.	Last Name
<input type="text" value="Trudy"/>	<input type="text" value="C"/>	<input type="text" value="Miner"/>
Address		
<input type="text" value="176 Riverside Rd."/>		
City	State	Post Code
<input type="text" value="Indianapolis"/>	<input type="text" value="IN"/>	<input type="text" value="47401"/>
Telephone		
<input type="text" value="(812) 938-4821"/>		
Sex	ID Number	
<input type="text" value="F"/>	<input type="text" value="030-44-4028"/>	

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Form 4

First Name	M.I.	Last Name
Adrienne	L	Mayer
Address		
121 Franklin St.		
City	State	Post Code
Alexandria	VA	22344
Telephone		
(703) 255-1710		
Sex	ID Number	
F	654-23-6878	

Form 5

First Name	M.I.	Last Name
Rachel	M	Stern
Address		
59 Carmine St.		
City	State	Post Code
Oakland	CA	93210
Telephone		
(415) 567-2320		
Sex	ID Number	
F	555-08-2341	

First Name	M.I.	Last Name
<input type="text" value="Jeffrey"/>	<input type="text" value="S"/>	<input type="text" value="Geron"/>
Address		
<input type="text" value="15 Hattertown Rd."/>		
City	State	Post Code
<input type="text" value="Pittsburgh"/>	<input type="text" value="PA"/>	<input type="text" value="46893"/>
Telephone		
<input type="text" value="(215) 423-3219"/>		
Sex	ID Number	
<input type="text" value="M"/>	<input type="text" value="531-92-9419"/>	

Form 6