



SECURE MATERIAL TRANSFER FORM

Examination:

District LEA #:

Name of District Transferring:

No. Of Documents Transferred:

Security ID Number(s) Transferred:

Signature of Sender: _____

Date: _____

Examination:

District LEA #:

Name of District Receiving:

No. Of Documents Receiving:

Security ID Number(s) Receiving:

Signature of Receiver: _____

Date: _____

Instructions: Each district shall retain a copy of this form. A copy shall be faxed to ADE at (501) 682-4886 and to Measurement Incorporated at (919) 683-1531 ATTN: Chris Dunbar. Both districts must staple a copy of this Secure Materials Transfer Form to the appropriate school's Test Booklet Security Form(s) **AND** must note the transfer on *Affidavit 1 – District Level Security Form*.