

ACTAAP

Arkansas Comprehensive Testing, Assessment, and Accountability Program

This affidavit must be completed and signed by both the Building Principal and the School Test Coordinator. This affidavit is to be returned to the District Test Coordinator at the completion of testing. The affidavit must be returned with the **used** answer documents for the Benchmark Examinations according to the instructions in the *District and School Test Coordinators' Manual*.

LEA #: --

District Name: _____

School Name: _____

Grade (check **all** that apply): 3 4 5 6 7 8

Benchmark Examinations AFFIDAVIT 2 School Level Test Security Form

I certify that to my knowledge, no one in this school building has read, copied, reproduced, or released in any way the secure Benchmark Examinations test items, writing prompts, or students' responses to test items or writing prompts. As directed in the April 2007 *District and School Test Coordinators' Manual* for the ACTAAP Benchmark Examinations, all **used and unused** test booklets and all **used and unused** answer documents have been packaged and returned the District Test Coordinator.

I have read the statements above and understand that I am certifying that they are true. I understand that violating any of the Arkansas Department of Education's test security procedures could result in revocation of my license.

School Test Coordinator's Name: _____
(PRINT OR TYPE)

Signature: _____ Date Signed: _____

Building Principal's Name: _____
(PRINT OR TYPE)

Signature: _____ Date Signed: _____