

# 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 mathematics, reading, and writing MC 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 – Mathematics, Reading, and Writing MC 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 March 2006 ACTAAP *District and School Test Coordinators' Manual*, all test booklets (used and unused), and all answer documents (used and unused) have been packaged and returned to 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: \_\_\_\_\_