



Arkansas
Comprehensive Testing, Assessment,
and Accountability Program

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 Received:

Security ID Number(s) Received:

Signature of Receiver: _____

Date: _____

Instructions: Each district involved in the transfer of secure materials shall retain a copy of this form. A copy shall be faxed to ADE at (501) 682-4886 and to Questar at (866) 688-0419, ATTN: Katie Asp. Each district must also staple a copy of this Secure Material Transfer Form to the appropriate school's Test Booklet Security Form(s) **AND** must note the transfer on *Affidavit - District Level Security Form* .