THE NEW YORK CITY DEPARTMENT OF EDUCATION
OFFICE OF ASSESSMENT
DOCUMENT SCAN CENTER
44-36 VERNON BLVD. ROOM 202
LONG ISLAND CITY, N.Y. 11101

# TEST MATERIAL SECURITY FORM

**THE FOLLOWING INFORMATION MUST BE COMPLETED FOR THE ADMINISTRATION OF ALL TESTS. PLEASE BE SURE THAT THE TEST COORDINATOR, ALL TEACHERS ADMINISTERING TESTS AND THE PRINCIPAL SIGN AND INITIAL THIS FORM. KEEP THIS FORM IN THE SCHOOL FILE FOR ONE YEAR.**

**TEST NAME** _____ **BORO** _____ **DISTRICT** _____ **SCHOOL** _____

## PICK-UP OF TESTS FROM TEST COORDINATOR

| CLASS/ GRADE | # OF TESTS | TEACHER SIGNATURE | TEACHER INITIAL | TEST COORDINATOR SIGNATURE | TEST COORD. INITIAL |
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## RETURN OF TESTS FROM TEST COORDINATOR

| CLASS/ GRADE | # OF TESTS | TEACHER SIGNATURE | TEACHER INITIAL | TEST COORDINATOR SIGNATURE | TEST COORD. INITIAL |
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**SIGNING THIS TEST MATERIAL SECURITY FORM ALSO ATTESTS TO THE FACT THAT ALL PROPER TESTING AND SECURITY PROCEDURES WERE FOLLOWED (I.E., NO COPYING OF TESTS, NO IMPROPER PROCTORING, ETC.).**

**PRINCIPAL SIGNATURE** _____ **PRINCIPAL INITIAL** _____ **DATE** _____