

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 **WRITING** answer documents according to the instructions in the *Test Administration Manual*.

LEA #: --

District Name: _____

School Name: _____

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

Benchmark Examinations – Writing 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 writing prompts or students' responses to writing prompts. As directed in the ACTAAP Benchmark Examinations *Test Administration Manual* for writing, all writing 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: _____