

NAME OF TEST ADMINISTRATION

Check-In/Check-Out

*Signature acknowledges that you are receiving access to secure test materials for the purpose of transporting test(s) associated with the **NAME OF STATE ASSESSMENT**.

*Signing this document also confirms that you understand that these materials are secure and that it is your professional responsibility to protect the security and confidentiality of these test(s) as outlined in **NAME OF POLICY IF APPLICABLE**.

	School	Test Administrator Name (Printed)	Name of State Test	Signature to Receive Testing Materials	Date and Time	Signature to Return Testing Materials	Date and Time
1.							
2.							
3.							
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9.							

	School	Test Administrator Name (Printed)	Name or Initial(s) of State Test and Grade	Signature to Receive Testing Materials	Date and Time	Signature to Return Testing Materials	Date and Time
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