



**ACKNOWLEDGMENT FORM OF TEST SECURITY AND
ADMINISTRATION TRAINING**

School Year _____

Title of Training: _____

Assessment Type: ___ District ___ State

School Name _____

**Principal or Site
Administrator** _____

With my signature, I hereby certify that I have reviewed and understand the test security and test administration procedures and proscriptions for the district/state training or assessment specified on this form. Furthermore, I agree to abide by state and district test security procedures and guidelines, and I understand that any breach in test security on my part could lead to my dismissal or non-reemployment, and/or suspension or revocation of my state license.

Authenticated digital signature is accepted. Submit signed form to the principal or site administrator. Forms accepted as a printed copy or PDF. Do not submit completed forms as a photo image.

Signature _____ Date _____

Print Name _____

Title _____

NOTE: It is the principal's responsibility to retain this acknowledgement with the school's test security documentation for three consecutive school years. In the event of a test security investigation, the school will be required to produce proof of training at the Department's request.