

ACTAAP

Arkansas Comprehensive Testing, Assessment, and Accountability Program

This affidavit must be completed and signed by both the School Test Coordinator and the Building Principal. This affidavit is to be returned to the District Test Coordinator at the completion of testing. The affidavit must be returned with the **scoreable** materials for the *Mid-Year Geometry* and *Biology End-of-Course Examinations* according to the instructions in the January 2012 Test Administration Manuals.

LEA #: --

District Name: _____

School Name: _____

Course (check **either or both** as applicable): Geometry Biology

Mid-Year End-of-Course Examinations for Geometry and Biology 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 *Mid-Year Geometry* and *Biology End-of-Course Examinations* items or students' responses to test items. As directed in the District and School Test Coordinators' Manual for the ACTAAP Mid-Year End-of-Course Examinations all **used and unused** test booklets and all **used and unused** answer documents have been packaged and returned to the District Test Coordinator.

I certify that all Test Administrators and all persons who administer or help administer the *Mid-Year Geometry* and *Biology End-of-Course Examinations* have signed Affidavit 3 as appropriate and that all affidavits have been returned to Questar.

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: _____

