ACTAAP

Arkansas
Comprehensive Testing, Assessment,
and Accountability Program

SECURE MATERIAL TRANSFER FORM

Examination:

District LEA #:

Name of District Transferring:

No. of Documents Transferred:

Security ID Number(s) Transferred:

Signature of Sender:

Date:

Examination:

District LEA #:

Name of District Receiving:

No. of Documents Received:

Security ID Number(s) Received:

Signature of Receiver:

Date:

Instructions: Each district shall retain a copy of this form. A copy shall be faxed to the ADE Office of Student Assessment at (501) 682-4886 and to Questar Arkansas Customer Service at (866) 688-0419. This form must be completed and signed by both districts before it is faxed. Both districts must staple a copy of this Secure Material Transfer Form to the appropriate school's Test Booklet Security Form(s) **AND** must note the transfer on Affidavit 1—District Level Security Form.