



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:

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Signature of Sender:

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Date:

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Examination:

District LEA #:

Name of District Receiving:

No. of  
Documents  
Received:

Security ID Number(s) Received:

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Signature of Receiver:

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Date:

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**Instructions:** Each district shall retain a copy of this form. A copy shall be faxed to the ADE at (501) 682-4886 and to Questar at (866) 688-0419, ATTN: Questar Arkansas Customer Service. 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.



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