



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).



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