State of Texas
County of _____

Texas Education Agency
Student Assessment Program

2017

Oath of Test Security and Confidentiality for District Superintendent/Chief Administrative Officer

I do hereby certify to the state commissioner of education that the security and confidentiality of all assessment instruments and test items have been maintained, and do hereby further certify the following to the commissioner:

(Initial each statement.)

_____ that I understood my obligations concerning the security and confidentiality of these tests;

_____ that I was aware of the range of penalties that may result from a departure from the documented test administration procedures for the state assessments, and I am aware of the range of penalties that may result from a violation of test security and confidentiality;

_____ that no unauthorized person has inspected or viewed any part of the assessment instrument;

_____ that no person has in any way copied or reproduced any part of a secure test without expressed written permission from TEA;

_____ that no person has copied or reproduced any part of a student response to a secure test except as explicitly specified in the instructions for the assessment;

_____ that no person has revealed any of the contents of the assessment instrument except where authorized by the procedures governing administration of a test;

_____ that no person has corrected or altered student responses to the assessment instrument or provided assistance with responses to the assessment instrument; and

_____ that no unauthorized person has inspected or viewed any part of the assessment instrument.

I do hereby further certify, warrant, and affirm that I have notified either the district coordinator or the Texas Education Agency of any violation or suspected violation of test security and confidentiality that has been reported to me.

I do hereby further certify, warrant, and affirm that I will notify the Texas Education Agency of any violation or suspected violation of test security and confidentiality that may hereinafter be reported to me.

IN WITNESS WHEREOF I affix my hand on this the _____ day of _____, 20_____.

_____	_____
Signature of Superintendent/Chief Administrative Officer	Printed Name of Superintendent/Chief Administrative Officer

_____	_____	_____
District Name	County-District Number	Area Code/Telephone #

Sign and return this form to your district testing coordinator after all testing for the 2017 calendar year for your district has been completed and all materials have been returned to the testing contractor. Your district coordinator will return this form to the testing contractor in the envelope provided in the district coordinator packet. The oath will be kept on file for a period of five years from the last day of testing.

District Superintendents/Chief Administrative Officers need to sign only one oath for the 2017 calendar year.

Duplicate this form as needed.