State of Texas	
County of	

Texas Education Agency Student Assessment Program

Oath of Test Security and Confidentiality for Technology Staff

FOR ALL TECHNOLOGY STAFF: Complete this section **before** accessing any secure test materials.

	District Name	Campus Name	Area Code/Telephone #
Sigr	nature of Technology Staff	Printed Name of Technology Staff	County-District Number
Signed o	n this the day of		
	by further certify, warrant, and a dentiality.	affirm that I will comply with all requiremen	ts concerning test security
		closure of confidential test items could res rnment Code, Administrative Code, and/or	
	I am aware of my obligation to report any suspected violations of test security or confidentiality to the campus testing coordinator.		
	I understand that student information is confidential and that I am obligated to maintain and preserve the confidentiality of this information.		
	I have read the test security and confidentiality policies in the test administration materials, and I understand my obligation to maintain and preserve the security and confidentiality of all tests.		
(Initial ea	ch statement.)		
	by certify, warrant, and affirm th ssessment program and do her	at I will fully comply with all applicable requeby certify the following:	uirements governing the