



Secure Materials Transfer Form

(This form available on Assessment website)



YOU MAY FILL OUT THIS FORM ELECTRONICALLY.

District Name & Number: _____ Date: _____

DISTRICT OVERAGE TO SCHOOL MATERIALS TRANSFER

District Material Description	Security Number (under barcode on back cover of test book)	Destination School/Site Name

SCHOOL TO SCHOOL MATERIALS TRANSFER

Source School/Site Name	School Material Description	Security Number (under barcode on back of test book)	Destination School/Site Name

District Test Coordinator Signature:

REQUIRED

District Test Coordinator Phone Number: _____

PLEASE FAX TO THE DRC ALASKA PROJECT TEAM

Fax: 763-268-2979

ALL TRANSFER OF SECURE MATERIALS MUST BE DOCUMENTED.

This sheet may be photocopied.