

Test Materials Chain of Custody Form

The following information must be collected for each test administration at your school to track secure materials with security barcodes. This form may be duplicated for use with different secure materials and/or maintained as an electronic file, but the content of this form may **not** be altered.

Contact your district assessment coordinator if you have any questions.

Your name (school assessment coordinator): _____

District name: _____

School name: _____

School number: _____

Location of locked storage room: _____

Names of people with access to locked storage room/location:

1. _____

2. _____

3. _____

Assessment(s) (e.g., Grade 5 Science, Grade 4 Writing, FSA EOC): _____

Date and time materials arrived at the school: _____

Date and time shrink-wrapped test material packages are opened: _____

Packages opened by: _____

Date and time materials are prepared (PreID labels applied, etc.): _____

Materials prepared by: _____

Date and time materials are packaged for return: _____

Materials packaged by: _____

Date and time materials are returned/shipped: _____