

TICKET CONTROL FORM

Select month of testing: February March

Test **tickets** are secure documents. Use this form to account for all secure materials. Campus coordinators should fill out the first three columns below prior to distributing any materials.

The test administrators' initials in the "Out" boxes signify that they have received the secure materials assigned to them and that they have signed the security oath. A test administrator should not initial this form if the information on it is incorrect.

Missing secure materials must be located before the campus coordinator initials the "In" box. If missing secure materials cannot be located, the campus coordinator should immediately contact the district coordinator.

Campus Name _____ Campus Coordinator _____

| DATE | NAME OF TEST ADMINISTRATOR | TOTAL # OF TICKETS | TESTING LOCATION (ROOM # OR DESCRIPTION) | DAY 1 | | DAY 2 | |
|------|----------------------------|--------------------|--|-------|----|-------|----|
| | | | | OUT | IN | OUT | IN |
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Duplicate this form as necessary.