

State of Texas
County of Hidalgo



Texas Education Agency
Student Assessment Program

"THE DISTRICT"

Oath of Test Security and Confidentiality for
Campus Office Staff
2024-2025

I do hereby certify, warrant, and affirm that I will fully comply with all requirements governing the State Assessment Program and do hereby certify the following:

(Initial each statement)

_____ I have received training in test security.

_____ I am aware of my obligations concerning the security and confidentiality of the state assessments, and I am aware of the range of penalties that may result from a violation of test security and confidentiality

I do hereby further certify, warrant, and affirm that I will faithfully and fully comply with all requirements concerning test security and the delivery of all assessment materials.

Printed Name of Office Staff Member

Signature of Office Staff Member

Campus Name

Donna Independent School District

_____ 108902 _____

District Name

County-District Number

Telephone Number