



Oath of Test Security and Confidentiality for
Donna ISD Warehouse Personnel

I do hereby certify, warrant, and affirm that I will fully comply with all applicable requirements governing the State Assessment Program and do hereby certify the following (by *initialing each statement*):

_____ I have received training in test security and confidentiality requirements.

_____ I am aware of my obligation to report any suspected violations of test security to the District Testing Director, Ms. Ofelia Alvarez at 956-461-8020 OALVAREZ@donnaisd.net

I do hereby affirm that I will faithfully and fully comply with all requirements concerning test security and confidentiality.

_____	_____	108-902
Date	Department	County-District Number
_____	_____	_____
Printed Name of Donna ISD Employee		Signature of Donna ISD Employee

Return this form to the district testing coordinator.