



"THE DISTRICT"



Testing Department  
Electronic Use Statement



Electronic Device STAAR & TELPAS Assessment Oath

Student Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_

I have been notified by my test administrator that I **CANNOT** have any electronic devices in my possession **at ANY time** during STAAR Testing. Failure to comply with this testing policy will result in the following disciplinary action:

- **Violation of this policy may result in my test being invalidated.**
- **My electronic device will not be handed back to me until the end of testing.**

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_