



**2014-15 Statement of Assurance
Test Security Policy**

I hereby certify that, as required by *Bulletin 118 Statewide Assessment Standards and Practices*, a current district test security policy has been adopted by this district.

School District

Date Adopted

Superintendent's Name (Typed or Printed)

Superintendent's Signature

District Test Coordinator's Name (Typed or Printed)

District Test Coordinator's Signature

Date

Mail the completed form by January 31, 2015 to
Louisiana Department of Education
Office of Academic Policy and Analytics
Assessment and Accountability Administration
Attn: Test Security
Claiborne Building
1201 North Third Street
Baton Rouge, Louisiana 70802