APPENDIX B

TASC™ SECURE TRANSMITTAL FORM – (SECURE STORAGE TO TESTING ROOM)

Date: ____/_____/_____

Material Distributed to: _____ Title: _____ Signature: _____

Material Distributed from: _____ Title: _____ Signature: _____

Test Coordinator Name: _____ Title: _____Signature: _____

Enter the serial numbers of material transferred. Enter the time when material has been taken from (Out) and returned (In) to secure storage.

Reading Serial #	Out	In	Writing Serial #	Out	In	Math Serial #	Out	In	Science Serial #	Out	In	Social Studies Serial #	Out	In