

2015-16 Test Security Violation (TSV) Action Form

DTCs must complete this form with Adobe Reader or Acrobat and submit via secure fax (803-734-8886) to Kathryn Rhodes **or** encrypt the completed form and send via e-mail to KRhodes@ed.sc.gov.
Do not send unencrypted TSV forms or documentation via e-mail.

School District: School:

DTC Name:

Form Completed By (Name): Telephone:

Date Form Completed:

Testing Program: Test Administration:

Test Subject: Grade Level of Test:

Date(s) of Alleged Test Security Violation:

Violation Reported By:

Person(s) Involved in Violation
(Enter first and last name)

Certification Number

<input type="text"/>	<input type="text"/>

Legislative Violation(s)(see TAM):

State Board Regulation Violation(s)(see TAM):

For Office Use Only

Initials/Date:

A B C D E F G H I J K L M N O P Q R S T U

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Description of Violation: (*Provide a concise, but thorough, summary.*)