

## 2016–17 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](mailto: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"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Legislative Violation(s)(see TAM):

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

For Office Use Only

Initials/Date:

ABCDEFGHIJKLMNOPQRSTUVWXYZ

2016-17 SCDE

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

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