



# IAR Spring 2021

## District Chain-of-Custody Form for Initial Shipment of Materials

**Deliver To:** SA0990000  
 SAMPLE SCHOOL DISTRICT  
 99 SAMPLE STREET  
 SAMPLE BLDG.  
 SAMPLE CITY, USA 99999  
 SAMPLE PERSON  
 Phone: (999) 9999999  
 Fax: (111) 1111111

**Ship To:** SA0990000  
 SAMPLE SCHOOL DISTRICT  
 99 SAMPLE STREET  
 SAMPLE BLDG.  
 SAMPLE CITY, USA 99999  
 SAMPLE PERSON  
 Phone: (999) 9999999  
 Fax: (111) 1111111

### INSTRUCTIONS:

The following list contains the range of all secure materials that are included in this shipment.

Do not return this form with your test materials. Check your state policy for specific requirements for how long to retain this document. You will need it if an investigation of missing materials takes place. The school and district will be held responsible for any secure materials that were received at the school but not returned.

All secure documents must be tracked using this form or an equivalent form. For further information, see Section 3.3.2 of the TCM.

The School Test Coordinator and the District Test Coordinator must be careful about checking the barcode sequence of the materials to make sure the sequence of materials received and returned matches what is on the form.

School Number	Deliver To	Form	Security Number From	Security Number To	Qty Sent	Qty Rec'd	STC Initial & Date/ Time

For Internal Use Only:

Pick Batch: 2669240

Delivery: 28504878

Order/Line: 4542479/1

Sequence: 00001

**District Chain-of-Custody Form for Initial Shipment  
of Materials**

Deliver To: SA0990000  
SAMPLE SCHOOL DISTRICT

Ship To: SA0990000  
SAMPLE SCHOOL DISTRICT

School Number	Deliver To	Form	Security Number From	Security Number To	Qty Sent	Qty Rec'd	STC Initial & Date/ Time

I certify that the receipt of all test materials from Pearson has been verified by:

- Counting the test materials,
- Verifying the range of the test materials security numbers, and
- Verifying that the test material count and the range of security numbers are consistent with the information provided on this form.

\_\_\_\_\_  
(Print) DTC/STC First Name, Last Name, and Title      Telephone Number

\_\_\_\_\_  
DTC/STC Signature      Date