I acknowledge by my signature on this form that the English Language Proficiency Assessments for California (ELPAC) initial and summative assessments pursuant to *Education Code* section 60810 are secure tests and agree to each of the following conditions to ensure test security:

1) I will take all necessary precautions to safeguard the security of the test and test materials, including limiting access to only those individuals in the local educational agency (LEA) who have responsibilities for the administration of the ELPAC.

2) I shall have all persons who have access to the test(s) and test materials for the purpose of administration read and sign the ELPAC Test Security Affidavit.

3) Except during the administration of the tests, I will keep the test materials in a securely locked room which can be accessed only with a key or key card and, when possible, in a locked storage cabinet within that room.

4) As a site ELPAC coordinator, I will collect and return all test materials to the LEA ELPAC coordinator.

5) As an LEA ELPAC coordinator, I will securely destroy or return all test materials, in accordance with the directions of and time periods specified by the test contractor.

6) I will deliver test materials only to those persons who have executed ELPAC Test Security Affidavits.

By signing my name to this document, I am assuring that I have completely read and will abide by the above conditions.

I understand that test materials will not be released until the following requirements are met:

- Principal – electronic submission of the ELPAC Test Security Affidavit and Agreement and designation of ELPAC Coordinator/Designee in the Principal’s Portal

- ELPAC Coordinator – completion of the (1) ELPAC Security Forms Coordinator Training and Assessment; (2) Initial ELPAC Administration Instructions Training and Assessment; and (3) electronic submission of the ELPAC Test Security Agreement and Affidavit via MyPLN

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**Signature:** ___________________________  **Date:** _______________________

**Print Name:** ___________________________  **Employee No.:** _______________________

**Title:**  
- [ ] Principal  
- [ ] ELPAC Coordinator  
- [ ] Check this box if the Principal is designated as the ELPAC coordinator

**School:** ___________________________  **Loc. Code:** _______________________

**District:** Los Angeles Unified School District  

READ, AGREE TO, SIGN, AND DATE