

# 2017-18 Test Security Violation (TSV) Action Form

DTCs must complete this form and submit to Christopher Seay via email at [cseay@ed.sc.gov](mailto:cseay@ed.sc.gov) or send via fax to 803-734-8886.

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:

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.*)**