



1500 HIGHWAY 36 WEST T: (651) 582-8200  
ROSEVILLE, MN 55113-4266 TTY: (651) 582-8201

## NON-DISCLOSURE AGREEMENT

Effective September 1 – August 31 for school year: \_\_\_\_\_

The Minnesota Department of Education (MDE) initiates and coordinates various testing programs required by Minnesota statute. The design of these programs requires that the test items remain secure.

To protect the security of the tests and their items, only authorized persons are permitted to view or listen to the test items. With the exception of items released by MDE, all test items, draft or final, are regarded as secure. Thus, they may **not** be printed, reproduced, photocopied, retained in either original or duplicated format, summarized in note format, discussed in any way, released, or distributed to unauthorized personnel, unless otherwise authorized by MDE pursuant to its Procedures Manual.

Authorized persons are required to abide by the appropriate manual(s) regarding the administration of the statewide testing programs and understand their obligations concerning the security and confidential integrity of the test(s) they are administering. These persons agree to safeguard test materials and limit access and/or secure login information to authorized persons only who are involved in administering the test(s).

All reports or other communications based on the authorized use of secure materials must be reviewed by MDE prior to distribution or dissemination by the user. Permission for authorized use of secure materials may be granted by MDE, provided the user agrees to abide by the terms of that specific agreement.

By accepting the terms of this non-disclosure agreement, you name yourself as an employee of the School District or as an authorized person selected by the District, and you are authorized by the District during the current school academic year to view secure materials related to the MDE tests and hereby agree to be bound by the terms of this agreement restricting the disclosure of said materials.

Violation of the terms of this agreement could result in financial and/or administrative remedies.

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Name (printed)

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Signature

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Date

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School Building Name

Work Telephone

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School District Name

Return this form to the District Assessment Coordinator. These forms are to be retained in the District Office for 12 months following the end of the current academic school year in case the Minnesota Department of Education requests an audit. This form must be signed prior to access of any MDE test item(s) or restricted material(s).