



Nebraska Department of Education

**2015 REPORT OF
SECURITY BREACH**
(Complete this form for each incident).

This form is a request for information regarding a test security breach.

Part I. Provide District Information

<u>DISTRICT INFORMATION</u>
Name of the Person Reporting:
Address of Person Reporting:
District/Building Where Incident Occurred:
Superintendent:
District Asmt Contact:
School Address:
City, Zip:
Phone:
Contact email:

Part II. Documentation of Efforts

Date of incident:
Describe the incident:

Actions taken about the incident:

District Response to the Incident (if known):

Actions Taken to Assure the Situation will not be Repeated:

Signature of district representative: _____

District representative name (print) _____

Date _____

NDE Action:

Final Outcome:

Fax, scan, or mail report documentation to:

STATEWIDE ASSESSMENT

Nebraska Department of Education

P O Box 94987

Lincoln, NE 68509-4987

Phone: 402.471.2495

Fax: 402.471.4311

or scan and send to: nde.stateassessment@nebraska.gov

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