



## AGREEMENT TO MAINTAIN CONFIDENTIALITY

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- I shall follow all test security requirements prescribed by WIDA and my employer and shall immediately report any incidents concerning the security and/or misuse of the test that I witness or otherwise experience, whether verified or not.

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Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Title

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Organization/Employer Name

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