

2/13/02

Training and Development Group  
FR EXAMINATION MATERIAL DISTRIBUTION/RETURN FORM

I acknowledge that I have acquired specialized knowledge about the Oak Ridge Operations Office Facility Representative examination material indicated below as of the date of my signature. I agree that I will not knowingly divulge any information about this examination material to any unauthorized persons including the candidates that are scheduled for this examination.

Exam Material Title/Control Number \_\_\_\_\_

TDG Representative releasing materials

Name \_\_\_\_\_ Date \_\_\_\_\_

Person(s) reviewing/receiving examination materials

Name \_\_\_\_\_ Date \_\_\_\_\_

RETURN OF EXAMINATION MATERIALS

TDG Representative receiving materials

Name \_\_\_\_\_ Date \_\_\_\_\_