

Examination Title \_\_\_\_\_

The University of the State of New York  
THE STATE EDUCATION DEPARTMENT  
Office of State Assessment  
Albany, New York 12234

Packing Code: \_\_\_\_\_

EXAMINATION SCORING CERTIFICATE

Regents Examinations

BEDS Code: \_\_\_\_\_ School Name: \_\_\_\_\_

School Address \_\_\_\_\_ City: \_\_\_\_\_

Administrator/Principal: \_\_\_\_\_ Exam Period: \_\_\_\_\_ 20\_\_

As one of the undersigned scoring leaders and scorers who participated in the scoring of Regents Examinations (each participating scorer must sign \_\_\_\_\_)


\_\_\_\_\_