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 Exams (each participating scorer must sign

_____ _____

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