

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

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)


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