

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, I (each participating scorer must) sign _____
