Examination Title:	

The University of the State of New York THE STATE EDUCATION DEPARTMENT

Packing Code: _____

Office of State Assessment Albany, New York 12234

DEPUTY AND PROCTOR CERTIFICATE

Regents Examinations				
BEDS Code: School Name:				
School Address:	Citv:			
Administrator/Principal:				
We, the undersigned deputies and proctors who assisted declare our belief in the correctness of the following:				
The rules and regulations for administering each examina	ation were fully and faithfully observed	l, and in particular:		
1. The rules for administering each examination administering the exams.	were read to or read by each persor	n who assisted in		
2. Each exam was held on the day and within the hours prescribed.				
3. The exams were kept in the shrink-wrapped packages until the exact day and hour prescribed for opening the packages.				
4. The students were given appropriate instructions and orientation before beginning each exam.				
5. The students were so seated as to prevent collusion.				
6. Adequate supervision was maintained throughout the administration of each exam.				
7. The exam booklets answer papers were collected from the students immediately at the close of each exam and properly safeguarded.				
PRINT NAME SIGNATURE	EXAM(S) PROCTORED	EXAM ROOM(S)		
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
As principal, I attest that the rules and regulations for proctoring, as listed above, were fully and faithfully observed. Signature of Principal Date / /				

*** Make as many copies of this certificate as needed. ***

After completion, **photocopy and return the original completed certificate to the State Education Department** in a locked Regents box. Retain a photocopy in school files for one year.