

Attachment 1

**New York State Education Department
Assurance of Next-Day Completion of Testing
for English Language Learners on Regents Examinations**

School BEDS Code	
School Name	
School Street Address	
School City	
School Zip Code	
Name of Chief School Officer (Or their Designee)	
E-mail Address	
Phone Number	

Assurance of Next-Day Completion of Testing for English Language Learners on Regents Examinations:

As the chief school officer (or their designee) of _____ School,
I hereby certify that the information contained in this notification for the students identified
on the next page is correct and make the following assurance:

- The school will comply with the procedures governing the administration of Regents Examinations to English Language Learners and Former English Language Learners taking two Regents Examinations scheduled for the same day, with the accommodation of Next-Day Completion, as detailed in the Next-Day Completion of Testing for English Language Learners on Regents Examinations memorandum.

Signature	
Type Name	
Type Title	
Date	

Assurance of Next-Day Completion of Testing for English Language Learners on Regents Examinations (continued)

Student's First and Last Name Initials (Schools must keep student's full name on file.)	<input type="text"/>	<input type="text"/>
Last Five Digits of Student's New York State Student Identification System (NYSSIS) ID #	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	(Input last five digits only)	

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Please e-mail completed form to the Office of State Assessment at NextDayCompletion@nysed.gov.
 Be sure to include "Next-Day Completion" followed by the school's BEDS Code
 (e.g., Next-Day Completion – 010002345678) in the subject line of the e-mail and
 to retain the form in the school's files.