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 STORAGE CERTIFICATE

Regents Examinations and Regents Competency Tests

BEDS Code: _____ School Name: _____

School Address: _____ City: _____

Administrator/Principal: _____ Exam Period: _____ 2018

I, the undersigned principal of the school named above, do hereby declare that each of the security procedures listed below was fully and faithfully observed for the current administration of the Regents Exams and Regents Competency Tests.

1. The locked Regents box(es) containing the shrink-wrapped packages of secure exam materials were stored in a Department-approved safe or vault at the location indicated on the *Examination Storage Plan* submitted for the above exam period.

2. Regents box keys and vault combinations were maintained under strict security conditions. Only those persons listed on the *Examination Storage Plan* had access to the keys for the locked Regents box(es).

3. An inventory of the exam materials in the locked Regents box(es) was conducted as soon after delivery as was practical. The State Education Department was notified if any of the packages of secure exam materials were not properly shrink-wrapped when received. The shrink-wrapped packages of secure exam materials were replaced inside the locked Regents box(es) and the locked Regents boxes were stored in a safe or vault immediately after the inventory was completed.

4. Except for the inventory of exam materials shipped to the school, the shrink-wrapped packages of secure materials for each exam were not removed from the locked Regents box(es) until the day on which the exam was scheduled to be administered.

5. The shrink-wrapped packages of secure materials for each exam were not opened until the day on which the exam was scheduled to be administered.

6. I, or one of my professional staff, visually inspected the locked Regents box(es) each day to ensure that no tampering had occurred and that their contents remained secure. The State Education Department was notified immediately if there were any signs of tampering.

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

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.

DET 525 (1-18—2,000) 17-39659