

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

School BEDS Code	
School Name	
School City	
Principal's Name	
Principal's Email Address	
Telephone Number	
Fax Number	
Date	

As the principal 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 that the school will comply with the procedures governing the administration of Regents Examinations to English Language Learners/Multilingual Learners and Former English Language Learners taking two Regents Examinations scheduled for the same day, with the accommodation of Next-Day Completion.

Signature	
Print/Type Name	
Print/Type Title	

This completed form along with as many additional pages as necessary must be mailed to:

New York State Education Department
Office State Assessment
89 Washington Avenue, Room 775 EBA
Albany, NY 12234
Attention: Next-Day Completion

After completion, photocopy and mail the original completed form to the Office of State Assessment. Retain the photocopy in school files.

Assurance of Next-Day Completion of Testing for English Language Learners/Multilingual Learners on Regents Examinations Form continued

School Name: _____ Date: _____

Student's First and Last Name										
Student's Unique NYS Student ID (10-Digit Number)	X	X	X	X	X					
						(input last 5 digits only)				

Student's First and Last Name										
Student's Unique NYS Student ID (10-Digit Number)	X	X	X	X	X					
						(input last 5 digits only)				

Student's First and Last Name										
Student's Unique NYS Student ID (10-Digit Number)	X	X	X	X	X					
						(input last 5 digits only)				

Student's First and Last Name										
Student's Unique NYS Student ID (10-Digit Number)	X	X	X	X	X					
						(input last 5 digits only)				

Student's First and Last Name										
Student's Unique NYS Student ID (10-Digit Number)	X	X	X	X	X					
						(input last 5 digits only)				

Student's First and Last Name										
Student's Unique NYS Student ID (10-Digit Number)	X	X	X	X	X					
						(input last 5 digits only)				

Student's First and Last Name										
Student's Unique NYS Student ID (10-Digit Number)	X	X	X	X	X					
						(input last 5 digits only)				

Student's First and Last Name										
Student's Unique NYS Student ID (10-Digit Number)	X	X	X	X	X					
						(input last 5 digits only)				

Use additional pages if necessary.