

Form to Be Signed by Parent/Guardian

**New York State Test Administration
Security Certificate**

I _____, as the parent/guardian of _____,
(parent's name) (student's name)
who attends _____, do certify that my child was not given access
(school name)
by me to any of the questions on the following Regents Examinations prior to the dates administered to my child. I further certify that I spoke with my child prior to testing and informed him/her that he/she was not to discuss any aspects of the test with fellow students until testing was completed.

Regents Examinations	Dates Administered

Parent's/Guardian's Signature*	
Date	

Instructions to the school: A copy of this completed and signed form must be retained as part of the student's educational record. The examination that was completed on the second day will not be valid until the school receives this signed form.

* This form may instead be signed by the student if the student is eighteen years of age or older.