

Important Notice: Please keep copies of the certified 2012-13 verification reports on file.

District/Charter School/BOCES/Article 81/Non Public School Name: _____

BEDS Code: _____

This form must be completed and submitted to your RIC Director/Big 5 Data Coordinator no later than August 30th, 2013.

To: RIC Director/Big 5 Data Coordinator **Fax Number:** _____ **Date:** _____

From: _____ **Number of Pages:** _____

2012-13 Statement of Certification of Verification Report(s)

I have reviewed the verification report(s) indicated below, which were generated using L2RPT on the date(s) indicated in the table below for my entity (BOCES/district/charter school/Article 81/non public school). I understand that the report(s) were generated from data on Level 2 of the Student Information Repository System. I also understand that *data submitted by my Level 1 to Level 2 as of August 23rd, 2013* will be the final submission, and the data in the repository as of this date will be used for accountability determinations, to populate the New York State Report Cards, and may be used for additional reports to the Board of Regents or for other policy purposes.

Directions: Check the box for the appropriate certification statement for each verification report being certified and write the date the report being certified was generated from L2RPT in the "Date Generated" column. Fax this completed, signed, and dated form to your RIC or Big 5 City School District data coordinator.

L2RPT Verification Report:	Date report was generated	I certify the accuracy of the data in this report for my entity.	I cannot certify my data, but I understand that the deadline for making corrections has passed and that my Level 1 Repository operator will move my data to Level 2.
<i>BEDS Day Enrollment Verification Report for State Aid (Certification for all except columns (d)-(g) which are informational only for 2012-13)(SIRS 312)</i>		<input type="checkbox"/>	<input type="checkbox"/>
<i>BEDS Day Enrollment Verification Report by Location of Enrollment & Student Subgroup (SIRS 313)</i>		<input type="checkbox"/>	<input type="checkbox"/>
<i>BEDS Day Enrollment Verification Report by District of Residence (SIRS 314)</i>		<input type="checkbox"/>	<input type="checkbox"/>
<i>BEDS Day Enrollment Verification Report for District Pre-K (SIRS 316)</i>		<input type="checkbox"/>	<input type="checkbox"/>
<i>Elementary/Middle-Level Accountability (columns a-d)</i>		<input type="checkbox"/>	<input type="checkbox"/>
<i>High School Accountability</i>		<input type="checkbox"/>	<input type="checkbox"/>
<i>Tested/Not Tested Confirmation All Assessments</i>		<input type="checkbox"/>	<input type="checkbox"/>
<i>Total Cohort – Summary</i>		<input type="checkbox"/>	<input type="checkbox"/>
<i>Total Cohort – Assessment Summary</i>		<input type="checkbox"/>	<input type="checkbox"/>
<i>Annual Dropout & NonCompleters</i>		<input type="checkbox"/>	<input type="checkbox"/>
<i>Annual Graduation & Post Graduation Plans</i>		<input type="checkbox"/>	<input type="checkbox"/>
<i>Annual Regents</i>		<input type="checkbox"/>	<input type="checkbox"/>
<i>Annual Regents Competency</i>		<input type="checkbox"/>	<input type="checkbox"/>
<i>Career and Technical Education (CTE)</i>		<input type="checkbox"/>	<input type="checkbox"/>
<i>Teacher Student Data Linkage (TSDL)</i>		<input type="checkbox"/>	<input type="checkbox"/>
<i>Reasonableness Report</i>		<input type="checkbox"/>	<input type="checkbox"/>

Name of Certifying Official (Please print)

Signature of Certifying Official and Date of Certification

- Title of Certifying Official:

 - District Superintendent
 - Superintendent
 - Charter School Leader
 - Other Chief School Officer