2020-21 End of Year (EOY)
Statement of Certification of Verification Reports

Religious and Independent and Article 81 schools must certify their 2020-21 End of Year (EOY) Verification Reports in L2RPT. The 2020-21 EOY Statement of Certification of Verification Reports form is used to certify the accuracy of the 2020-21 reports as of the August 20, 2021 (September 10, 2021 for June Regents data) data refresh.

This form must be completed and submitted no later than October 1, 2021.

I have reviewed the L2RPT verification reports indicated below which were generated for my entity (Religious and Independent/Article 81 school) as of the August 21, 2020 data refresh. I understand that the reports were generated from data in Level 2 of the Student Information Repository System. I also understand that data submitted by my Level 1 to Level 2 as of August 20, 2021 (September 10, 2021 for June Regents data) will be the final submission and the data in the repository as of this date may be used for reports and data requests, including validation of mandated services claims. These data are also considered public information and will be provided to any requestor on demand. With certifying the data, the LEA guarantees all required official written documentation in accordance with 2CFR 200 and may be required to immediately produce upon request.

### L2RPT Verification Report

<table>
<thead>
<tr>
<th>Check one box for each report</th>
<th>I certify the data in this report for my entity</th>
<th>I cannot certify my data but understand the deadline for making corrections has passed</th>
<th>Certification of this report by my entity is not required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Graduates (SIRS-308)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Annual Regents (SIRS-309)</td>
<td>☐</td>
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<td>☐</td>
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<tr>
<td>Tested/Not Tested (SIRS-302)</td>
<td>☐</td>
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**Important Notice:** Please keep copies of the certified 2020-21 verification reports on file.

Religious and Independent/Article 81 School Name: ________________________________

BEDS Code: ____________

Name of Certifying Official: ________________________________

Title of Certifying Official: ________________________________

Date: ______________

Signature: ________________________________