

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

BEDS Code: _____ School Name: _____

School Address: _____ City: _____

Administrator/Principal: _____ Exam Period: _____ 20__

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.

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