

THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
Office of Assessment Policy, Development and Administration
Albany, NY 12234

High School Name: _____

BEDS Code: _____

City: _____

Title of Exam Canceled due to Inclement Weather	Number of January 2011 Graduating Seniors whose Exam was Canceled

Signature of Principal

Signature of Superintendent/Chief Administrative Officer

Name of Superintendent/Chief Administrative Officer (type or print)

Date Submitted

Fax this form to 518-474-1989 or send as an attachment to emscassessinfo@mail.nysed.gov by February 28, 2011.