Testing Coordinator/Scoring Contact Information 2020-2021

Please identify the Test Coordinator/Scoring contact person for your district and return this completed form to Eastern Suffolk BOCES.

Please indicate a primary and secondary contact person.

School District Name _____

District BEDS number _____

Primary Contact _____

Contact Title _____

Work Phone # _____ ***Alternate Phone #*** _____

Email _____ ***Fax #*** _____

Secondary Contact _____

Contact Title _____

Work Phone # _____ ***Alternate Phone #*** _____

Email _____ ***Fax #*** _____

Authorized Signature _____ ***Date*** _____

Print Name and Title _____

When completed, please fax this form to Student Data Services at (631) 240-8967

or email to Bonnie Ferraro at: bferraro@esboces.org

Student Data Services

Charles King, Divisional Administrator
Peter Desjardins, Program Administrator

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