

## Testing Coordinator/Scoring Contact Information 2021-2022

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 Barbara Ball: [BBall@esboces.org](mailto:BBall@esboces.org)

### Student Data Services

Charles King, Divisional Administrator  
Peter Desjardins, Program Administrator

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