To all New York State High School Students:

Occasionally Summer College and New York State Regents Examination dates conflict. Unfortunately, that is the case this year with our programs beginning in June. As in past years, we have developed accommodations for you to take your Regents exam(s) at Cornell. To put these arrangements in place for you, you must complete the form below and return it to us no later than Friday, May 9. Space will be reserved on a first-come, first-served basis. If you have been approved for an accommodation for your Regents exam(s) under Section 504 Plan or IDEA, your principal or director of guidance must state this below and describe the specific accommodation on this form or on an attached sheet of paper.

Information about taking your Regents exam(s) at Cornell:
• Regents exams will be given during the week of June 21 on the Cornell campus.
• Grading will be completed by Friday, June 27.
• Summer College will let your professors know when you are scheduled to take your Regents exam and that they should excuse you from class at that time. It is your responsibility to make up any missed classwork.
• To be admitted to the exam you must bring a photo ID with you. You’ll receive a Cornell ID when you arrive at Summer College that you can use to be admitted to the test. Or, you may use any other photo ID with your name on it.
• You must remember to bring any appropriate tools with you to the exam.

Complete and sign this form:

This is to certify that ________________________________, is eligible to take the following Regents exam(s):

Student’s Name (Please Print) ________________________________

Exam in ________________________________ on ________________________________

Course ________________________________ Date ________________________________

Exam in ________________________________ on ________________________________

Course ________________________________ Date ________________________________

Parent/Guardian’s Name (Please Print) ________________________________

Parent/Guardian’s Signature ________________________________

High School Regents Teacher’s Name (Please Print) ________________________________

High School Regents Teacher’s Signature ________________________________

High School Regents Teacher’s Name (Please Print) ________________________________

High School Regents Teacher’s Signature ________________________________

High School Principal’s/Director of Guidance’s Name (Please Print) ________________________________

High School Principal’s/Director of Guidance’s Signature ________________________________

Date ________________________________

Student’s Signature ________________________________

To whom at your school should we send your Regents test scores?

Name ________________________________

Title ________________________________

Address ________________________________

Accommodations (If Applicable)—No accommodations can be given without this section completed:

Will accommodations be needed?  Yes ☐ No ☐

If yes, your principal or director of guidance must describe the specific accommodation below or on an attached sheet of paper.

Please fax this form by May 9 to 607.255.6665.