Downstate HSE Test Reporting Sheet '22

Address any questions to HSETC@NYSED.GOV

Center Name	Test Center #

Modified Testing Reimbursement	Standard rate; $25 per examinee, Full month Roster					
CBT or PBT		Dates of Testing Reimbursement			TO	
Total number of test sessions delivered	RLA	Sci	Soc. St	Math	Administrator	
	0	0	0	0	Email address	
Total number of candidates Tested		0			$0.00	

#	Examinee(s) (Alphabetic Order by Lname)		GEDTS ID	DOB	Mark 'X' for Subject area(s) administered				Additional Time
	Last	First	00000000-0000-0000	MM/DD/YYYY	RLA	Sci	Soc. St	Math	
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