

## Testing Coordinator/Scoring Contact Information 2024-2025

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** \_\_\_\_\_

**Please return completed forms to Student Data Services**

Email: [DWTSHelp@esboces.org](mailto:DWTSHelp@esboces.org)

### **Student Data Services**

Charles King, Divisional Administrator  
Peter Desjardins, Program Administrator

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