



Regents Data Analysis Service Agreement Form

District # _____

District Name: _____

Regents Contact: _____

Position/Title: _____

Phone Number: _____ E-mail: _____

SIS supported by LHRIC?

Yes **No**

If yes, please complete the Data Extraction Form

Deliver printed answer sheets/ reports to: _____
(Name-If different from Regents contact)

At: DO HS Other: _____
(We will only deliver to one location)

District Business Official Signature: _____
(Your district 2010-2011 LHRIC contract will be adjusted based on actual tests processed)

June 2010

Exams	Estimate # of students <small>(Per building – Please specify building name)</small>			Sort- by building <small>(check sort for answer sheets)</small>			For LHRIC use only	
	bld1	bld2	bld3	Student Alpha	Teacher / Student	Course Section/ Student	Total processed	Cost
Math B								
Integrated Algebra								
Geometry								
English								
Global Hist. & Geography								
US Hist. & Government								
Living Environment								
Earth Science								
Chemistry								
Physics								
Spanish								
French								
Italian								

Comments/ Special Instructions:

	Total	
\$2 per student/per test (post process)	611.380.120	
\$1 per student/per test (in-district)	611.380.124	
\$100 administrative fee	611.380.121	+ \$100
Total		

Please fax to 914-345-3719

LHRIC Testing Services 914-592-4203

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