



I hereby certify that the District/BOCES below assures the information submitted in the electronic form is accurate for the 2019-20 school year.

Name of District/BOCES (Please print)

Superintendent or BOCES Director (Please print)

Superintendent or BOCES Director (Please sign & date)

Board President (Please print)

Board President (Please sign & date)

Please upload completed form in the electronic assurance submission.

