

Horseheads High School
Request for Permission to take a Regents Examination

*Completion of this form is the responsibility of the student.
Submit this form prior to November 1st for a January exam
and prior to March 1st for a June exam.*

To be Completed by the Student

Name _____ Date _____ Homeroom _____

I request permission to take the Regents Examination in _____
(Course Name)

To Be Completed by the School Counselor

Test Modification as per IEP or 504 plan (if applicable):

I reviewed this situation with the student, and I recommend this request be granted.

(Counselor's Signature) (Date)

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