

**Ohio Department of Education  
EMIS Data Accuracy Summary Report  
For FY2013 June (N) & Supplemental Reporting Period**

**To:** Department of Education, Policy and Accountability

Period N EMIS Signoff

25 South Front Street, Mail Stop 402

Columbus, OH 43215-4183

**From:**

**Fax To:**

(614) 728-2627

**Date:**

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I hereby certify that to the best of my knowledge and belief, the FY 2013 Regular and Supplemental EMIS data submitted by my district and processed by ODE constitute an accurate and complete report for our school district, with the exception of any incomplete data noted on ODE "Missing" reports to be addressed via the Corrective Action Plan process.

Type or Print Name of Superintendent: \_\_\_\_\_

Superintendent's Signature: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

Type or Print Name of Treasurer: \_\_\_\_\_

Treasurer's Signature: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

*(Optional for EMIS Coordinator)*

Type or Print Name of EMIS Coordinator: \_\_\_\_\_

EMIS Coordinator's Signature \_\_\_\_\_

Date of Signature: \_\_\_\_\_

District Name: \_\_\_\_\_ County: \_\_\_\_\_

District IRN: \_\_\_\_\_

Please sign this form and fax or mail no later than January 3, 2014. Be advised that no forms will be considered as submitted if received prior to the end of the reporting period (December 05, 2013).