CERTIFICATION FORM (CIRCLE) APRIL 17, 2019 or APRIL 18, 2019

Please fill out one form for each student you have participating in the USAMO or USAJMO and indicate the number of pages scanned and emailed or faxed for each problem: ...................................................

Please print the name and USAMO or USAJMO ID Number of your student below:

___________________________________            ______________

For the Principal or Vice Principal:
I Certify that
a) the exam was given only to student who qualified for the USAMO or USAJMO;
   b) I accept that failure to follow these rules and procedures could result in DISQUALIFICATION from official standing of all scores from our school

Signature______________________________________________________ Time____________________
Title __________________________________________________________ Date ____________________

For the USA(J)MO School Competition Manager:
Signature of USAMO/ USAJMO Competition Manager __________________________________________
Day and Date of Signature ____________________________________________________________________
Email ______________________________________________________________________
Name of School ____________________________________________________________CEEB Code _____________
School Address ____________________________________________________________
School City, State __________________________________________________________ Zip _____________________
Day and Date USAMO or USAJMO was administered ________________________________
Start Time _______________   End Time ________________

Total number of pages faxed or emailed including the Certification Form as the cover page _____.