

DUE DATE: FYE + 120 days

**AUDITED FINANCIAL STATEMENT  
FISCAL YEAR ENDING 2006**

Institution Name	SEDCODE:
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*Your institution's audited financial statement should contain information for only the institution named above. If you have any questions regarding which campuses to include or any aspect of this request, feel free to call the Office of Quality Assurance at (518) 486-3633.*

The Commissioner of Education requires that all degree-granting institutions in the State of New York annually submit independently audited financial statements within 120 days after the close of each fiscal year. The due date shown above is based on our records of your institution's fiscal year end date (FYE). If your fiscal year has changed, please notify us at [heds@mail.nysed.gov](mailto:heds@mail.nysed.gov).

**Minimum Content of Independently Audited Financial Reports**

For independent not-for profit degree-granting institutions:

1. Statement of financial position
2. Statement of activities
3. Statement of cash flows
4. Auditor's opinion letter and notes to financial statement and audit

For proprietary degree-granting institutions:

1. Balance sheet
2. Statement of profit and loss
3. Statement of changes in financial position
4. Auditor's opinion letter and notes to financial statements and audit

**IMPORTANT: PLEASE RETURN THIS COVER PAGE AND THE COMPLETED FORM PROCESSING INFORMATION PAGE ALONG WITH TWO COPIES OF YOUR AUDITED FINANCIAL STATEMENT TO:**

Joseph P. Frey, Assistant Commissioner  
Office of Quality Assurance  
New York State Education Department  
Room 977, Education Building Annex  
Albany, New York 12234

**Form Processing Information**

Form:	AUDITED FINANCIAL STATEMENT
SEDCODE:	
Institution Name:	

Respondent Information

Name:			
Title:			
Telephone: (    )	Ext.	Facsimile No.: (    )	Ext.
E-Mail Address:			

TOTAL -- (Check box if all applicable branches are included).

Otherwise list branches below.

Branches Included: <i>(please list)</i>	<i>Applicable</i> branches not included: <i>(please list)</i>

Indicate **Time Required** to retrieve information from files and complete this form.

Hours spent by all staff (whole numbers)	
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**Notes and Explanations** regarding data provided and/or comments about this form and its completion. Check box and continue comments on reverse side, if necessary.


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