

**The University of the State of New York  
THE STATE EDUCATION DEPARTMENT  
High School Equivalency (HSE) Office  
(518) 474-5906**

**APPLICATION FOR TASC™ TESTING (2016)**

(Must be completed each time an applicant applies to test)

Applicant must provide a response to each item and sign the application in blue ink.

It is recommended that all applicants review TASC™ test materials before taking the test.

For a listing of free HSE Preparation Programs in your area go to: <http://www.acces.nysed.gov/hse/hse-prep-programs-maps>

**Send this application to the local test center where you wish to test.**

**You can find a local test center on our website:** <http://www.acces.nysed.gov/hse/hse-testing-maps>

**DO NOT SEND COMPLETED APPLICATION TO THE NYSED HSE OFFICE.**

<b>*Applicant Last Name</b>	<b>*Applicant First Name</b>	<b>Middle Initial</b>
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<b>A. High School Equivalency Testing History*</b>				
1.	Have you ever taken a TASC™ Test (2014-present) in another State? <span style="float:right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>			
2.	Have you ever taken the TASC™ Test (2014-present) in New York State? <span style="float:right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>			
3.	Have you ever taken the GED® Test (2002-2013) in New York State? <span style="float:right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>			
4.	What name did you use the last time you tested in New York State?  <table style="width:100%; border:none;"> <tr> <td style="width:33%;">First Name</td> <td style="width:33%;">Middle Initial</td> <td style="width:33%;">Last Name</td> </tr> </table>	First Name	Middle Initial	Last Name
First Name	Middle Initial	Last Name		
5.	Name of Test Center Where You Took Your Last TASC™ or GED® Test <span style="float:right;">Date When the Last Test Was Taken / /</span>			

**If you answered "yes" to questions 2 or 3, it is recommended that you provide a copy of your latest failure notice and mail a copy of it with this application to the testing center.**

<b>B. Residency Requirements to take the TASC™ Test in New York State*</b>	
6.	You must provide written proof that you have lived in New York State for at least thirty (30) days prior to taking the TASC™ test. (Provide copies, not originals). Check which type of proof you are mailing to the test center with this application: <input type="checkbox"/> NYS Driver's License <input type="checkbox"/> NYS Non-Driver's ID <input type="checkbox"/> Automobile Registration <input type="checkbox"/> Copies of NYS Tax Return <input type="checkbox"/> NYS Apartment Lease <input type="checkbox"/> Deed/Mortgage Statement <input type="checkbox"/> Bank/Credit Card Statement <input type="checkbox"/> Voter Registration Card <input type="checkbox"/> Selective Service Card <input type="checkbox"/> Homeowner or Renter's Insurance Policy <input type="checkbox"/> Telephone Bill/Utility Bill/Cable Bill <input type="checkbox"/> NYS Juror Card <input type="checkbox"/> NYC Municipal ID <input type="checkbox"/> Other

**C. Maximum Compulsory School Attendance Age\***

7. In New York State all applicants must have reached “maximum compulsory school attendance age” in order to take the TASC™ test. Applicants reach “maximum compulsory school attendance age” when the school year in which they turn 16 years of age has ended (June 30). In New York City, however, applicants reach “maximum compulsory school attendance age” when the school year in which they turn 17 years of age has ended (June 30). “Maximum compulsory school attendance age” does not apply to any applicant 18 years of age or older by the day of testing.

I certify that I have reached maximum compulsory school attendance age.

 Yes

 No
**D. New York State Age Eligibility Requirements for 17 or 18 year old applicants\***

In addition to meeting the “maximum compulsory school attendance age” requirement (17 year olds only), all 17 and 18 year old applicants must meet one (1) of the ten (10) eligibility criteria listed below in order to test. An applicant who meets any of these criteria must mail in the required proof of eligibility with this application to the Test Center. For copies of these required attachments go to: <http://www.acces.nysed.gov/ged/forms.html>

8.	Age Eligibility Criteria Description – for 17 or 18 year old applicants	Required Proof of Eligibility
<input type="checkbox"/>	Applicant is foreign born and has never attended K-12 schools in the United States. Applicant must submit a copy of his or her visa or passport showing initial arrival date in the United States.	Attachment F (Must be notarized)
<input type="checkbox"/>	One year has passed since the applicant was last legally able to leave high school and last enrolled in a full-time high school program of instruction.	Attachment B
<input type="checkbox"/>	Applicant was a member of a high school class that has already graduated.	Attachment B
<input type="checkbox"/>	Applicant is enrolled in an Alternative High School Equivalency Preparation (ASHEP) Program.	T-TAF
<input type="checkbox"/>	Applicant has been accepted into the United States Armed Forces.	Attachment D
<input type="checkbox"/>	Applicant has been accepted into a college, university or post-secondary institution.	Attachment D
<input type="checkbox"/>	Applicant is currently enrolled in a Job Corps Program.	Attachment D
<input type="checkbox"/>	Applicant is incarcerated or institutionalized.	Attachment E
<input type="checkbox"/>	Applicant is an adjudicated youth under the direction of a prison, jail, detention center, court, parole, or probation office.	Attachment E
<input type="checkbox"/>	Applicant was home schooled.	Attachment B

**E. New York State Age Eligibility Requirements for 16 year old applicants\***

In addition to meeting the “maximum compulsory school attendance age” requirement, all 16 year old applicants must meet one (1) of the four (4) eligibility criteria listed below in order to test. An applicant who meets any of these criteria must mail in the required proof of eligibility with this application to the test center. For copies of these required attachments go to:

<http://www.acces.nysed.gov/ged/forms.html>

8.	Age Eligibility Criteria Description – for 16 year old applicants	Required Proof of Eligibility
<input type="checkbox"/>	Applicant is enrolled in an Alternative High School Equivalency Preparation (ASHEP) Program.	T-TAF
<input type="checkbox"/>	Applicant has been accepted into the United States Armed Forces.	Attachment D
<input type="checkbox"/>	Applicant has been accepted into a college, university or post-secondary institution.	Attachment D
<input type="checkbox"/>	Applicant was home schooled.	Attachment B

**F. New York State Age Eligibility Requirements for applicants 19 years or older**

In New York State an applicant must be nineteen (19) years of age or older by the day of testing in order to take the TASC™ Test without having to supply age eligibility proof to the test center.

**G. Applicant Demographic Information**

10.	<b>Legal First Name*</b>	<b>Middle Initial</b>	<b>Legal Last Name*</b>		
11.	<b>9-Digit Social Security Number*</b> - -		<b>OR</b>	<b>Other Government ID Number*</b>	
	<b>Type of Government ID Noted Above* (Check Only One)</b>				
	<input type="checkbox"/> Passport	<input type="checkbox"/> Driver's License	<input type="checkbox"/> Permanent Residence Card	<input type="checkbox"/> Alien Card	<input type="checkbox"/> Military ID
	<input type="checkbox"/> Non-Driver's License	<input type="checkbox"/> NYC Municipal ID	<input type="checkbox"/> Other		
12.	<b>Date of Birth*</b> / / month day year		13.	<b>Gender*</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
14.	<b>Race* (Check Only One)</b>				
	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American		
	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> White			
15.	<b>Ethnicity*</b> <input type="checkbox"/> Hispanic/Latino		<input type="checkbox"/> Not Hispanic/Latino		
16.	<b>Primary Language Spoken at Home* (Select One)</b>				
	<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> French	<input type="checkbox"/> Chinese : Mandarin/Cantonese	<input type="checkbox"/> Haitian Creole
	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Korean	<input type="checkbox"/> Russian	<input type="checkbox"/> Portuguese	<input type="checkbox"/> Polish
	<input type="checkbox"/> Arabic	<input type="checkbox"/> Urdu	<input type="checkbox"/> Amharic	<input type="checkbox"/> Somali	<input type="checkbox"/> Hmong
17.	<b>Primary E-mail Address</b>				
	<b>Alternate E-mail Address</b>				
18.	<b>Telephone Number(s) with Area Code*</b>				
	( ) -	( ) -	( ) -		
	Land Line Number	Cell Phone Number	Alternate Phone Number		
19.	<b>Mailing Address or PO Box Number*</b>	<b>Apt. #</b>	<b>City*</b>	<b>State*</b>	<b>Zip Code*</b>
20.	<b>County of Residence</b>				

**H. Requested Test Location, Preferred Test Date(s), Mode, and Requested Form Type\***

21.	<b>Preferred Test Location</b>				
	For a list of test centers in New York State go to <a href="http://www.access.nysed.gov/hse/nys_map/counties.html">www.access.nysed.gov/hse/nys_map/counties.html</a>				
	<b>Test Center Name*</b>		<b>3-Digit Test Center Code</b>		
22.	<b>Preferred Test Date(s) for the test center noted in item number 21*</b>				
	First-Choice / /	Second-Choice / /			
23.	<b>Test Mode</b>				
	Indicate whether you wish to take the test as a Computer-Based-Test (CBT) or Paper-Based-Test (PBT). Check the list of testing centers with test center code found at <a href="http://www.access.nysed.gov/hse/nys_map/counties.html">www.access.nysed.gov/hse/nys_map/counties.html</a> to identify which testing centers offer your preferred testing mode. Check your testing mode preference below:				
	<b>Testing Mode Preference*</b> <input type="checkbox"/> Computer-Based Testing (CBT) <input type="checkbox"/> Paper-Based Testing (PBT)				
24.	<b>Check Your Requested Form Test Type</b>				
	<input type="checkbox"/> English Print Form <input type="checkbox"/> Spanish Print Form				
25.	If you have been officially referred from an HSE test preparation program, indicate the five (5) digit prep code and mail a copy of the T-TAF referral form to the test center with this application:				
26.	<b>Identify the TASC™ subtests you wish to take.*</b>				
	<input type="checkbox"/> Writing <input type="checkbox"/> Reading <input type="checkbox"/> Science <input type="checkbox"/> Social Studies <input type="checkbox"/> Mathematics <input type="checkbox"/> I wish to take all five (5) subtests				

**J. Testing Accommodations**

27. **Have you applied for TASC™ testing accommodations due to a disability?**  Yes  No  
 If you answered “No” to item number 27, go to item #30 or item #31 depending upon your age.  
 If you answered “Yes” to item number 27, go to item #28.
28. **Check the status of your accommodations request.**  
 I applied for testing accommodations, but I have not received a decision from DRC/CTB.  
 I applied for testing accommodations to DRC/CTB and my request was not approved.  
 I applied for testing accommodations and my request was approved by DRC/CTB.  
**You must enclose a copy of your testing accommodations approval letter with this application.**
29. **If you were approved for testing accommodations, please indicate the approved form type.**  
 English Print  Spanish Print  English Audio  Spanish Audio  English Braille  Spanish Braille  Large Print

**K. Applicant Signature and Certification for All First Time and Returning Applicants**

30. I understand that my eligibility for TASC™ testing will be determined based on the information contained in this application, and on any enclosed documentation. I certify that I do not hold a high school diploma or high school equivalency diploma recognized in the United States, and that I am not involved with any instruction of students who are preparing to take the TASC™. I certify that the information included with this application and any attachments is complete and accurate to the best of my knowledge. I further agree that if it is determined that I intentionally gave false information on my application that my TASC™ testing scores can be invalidated“. I further authorize DRC/CTB to score each subtest and share the results and my testing information with the New York State Education Department, the test center where I tested and the preparation program that I attended.

I understand that if I provide a valid email address in Question 17 of this application, I will be able to view my unofficial TASC™ test scores on the DRC/CTB Student Portal.

By signing below I agree to the terms and conditions noted above in Question 30.

EXAMINEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

**L. Parent or Guardian Signature (Required for all First-Time and Returning Applicants under the age of 18)**

31. I am verifying that the information contained in this application for my son or daughter is true to the best of my knowledge. I give permission for my son or daughter to take the TASC™ test, DRC/CTB to score each subtest, and to share the results with the New York State Education Department, the test center where my son or daughter tested and the preparation program that he or she attended.

I understand that if my son or daughter provides a valid email address in Question 17 of this application, he or she will be able to view their unofficial TASC™ test scores on the DRC/CTB Student Portal.

By signing below I agree to the terms and conditions noted above in Question 31.

PARENT OR GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_