SECTION A IS FOR TEST CENTER USE SECTION B MUST BE COMPLETED BY THE EXAMINEE

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

NYSED - TASC™ SIGNATURE AND DEMOGRAPHIC FORM

THIS FORM MUST BE COMPLETED FOR EACH EXAMINEE TO ENSURE ACCURACY WITH DEMOGRAPHIC INFORMATION, AND TO VERIFY ATTENDANCE AND SUBTESTS TAKEN. INCLUDE THIS FORM WITH TEST MATERIAL MAILED TO NYSED, WITHIN FIVE BUSINESS DAYS FROM THE LAST DAY OF TESTING.

A: TEST CENTER SCHEDULING INFORMATION

| 3 Digit Test Center Number Test Center Name: | | | | | | First Day of Test Session | | |
|--|-------------------------------|--|---|-----------------|--------------------------------------|---------------------------|-------------------|--|
| | | | | | | / | / | |
| | | | | | | | d YYYY | |
| Form Language \circ English \circ Span | Platform anish O CBT O PBT | | 5 Digit Prep Code (if applicable): | | Age Eligibility Code (If applicable) | | | |
| | | | | | | | | |
| Examinee Email Address | | | | UUID | | | | |
| Did examinee request testing accommodations? Yes No If applicable: Did examinee waive testing accommodations? Yes No | | | | | | | | |
| B: EXAMINEE INFORMATION FOR RECORDS EXAMINATION | | | | | | | | |
| First Name Middle Initial | | | | Last Name | | | | |
| Gender | | | | Date of Birth | | | | |
| ○ Male ○ Female ○ Non-Binary/prefer not to answer | | | | mm dd YYYY | | | | |
| SSN# (Last 4-Digits) or Other Go XXX-XX- | overnme | ent ID Home Ph | one | | Cell Phone | | | |
| Street Address (Street/P.O. Bo | () | • | | | | | Apartment Number | |
| City | | | | | State | Zip Code | | |
| | | | | | otate | | | |
| Approximate Last Date Tested | | | | | | | | |
| Have you previously taken the TASC [™] or GED [®] ? Yes No //// mm dd УУУУ | | | | | | | | |
| Signature Required on the First | Day of | Testing: By sigr | ning be | | | | is determined by | |
| information provided on my ap Education Department, and/or | | | - | | rovided to the | test center, t | he New York State | |
| | | - | - | | | n Nava Vanla G | | |
| If I am found to have provided inaccurate information or are otherwise declared ineligible under New York State testing rules, I understand that my test may not be scored, and any documents issued may be rescinded. | | | | | | | | |
| Today's Date / / | | | | | | | | |
| Examinee Signature | | | | I | | / nm dd | / | |
| | | | | | | | | |
| Subtest | Da | | NEE S | UBTEST INFORMAT | <u>ION</u> egents Credit Ir | formation | | |
| Reading | Da | | | | - | | | |
| Writing | | | Passing Regents exams may be added to your High School Equivalency | | | | | |
| Mathematics | | record. If you passed Regents exams and would like to receive credit for a | | | | | | |
| Science | | | TASC [™] subtest, please see the R Application for more information. | | | | | |
| Social Studies | | | http://www.acces.nysed.gov/hse/regents-hse-exam | | | | | |
| Signature Required on Last Da | / of Test | ting: | | | | | | |
| | | | | | Tadada D | | | |
| Examinee Signature | | | | | Today's Dat | mm | dd YYYY | |
| | | | | | | | | |