

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	
				____ / ____ / ____ mm dd YYYY	
Form	Language <input type="radio"/> English <input type="radio"/> Spanish	Platform <input type="radio"/> CBT <input type="radio"/> 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 <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Non-Binary/prefer not to answer			Date of Birth		
			____ / ____ / ____ mm dd YYYY		
SSN# (Last 4-Digits) or Other Government ID XXX-XX-		Home Phone		Cell Phone	
Street Address (Street/P.O. Box)				Apartment Number	
City			State	Zip Code	
Have you previously taken the TASC™ or GED®? Yes No			Approximate Last Date Tested		
			____ / ____ / ____ mm dd YYYY		
Signature Required on the First Day of Testing: By signing below, I understand that my eligibility for testing is determined by information provided on my application and in my supporting documentation provided to the test center, the New York State Education Department, and/or to Data Recognition Corporation.					
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under New York State testing rules, I understand that my test may not be scored, and any documents issued may be rescinded.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			____ / ____ / ____ mm dd YYYY		

C: EXAMINEE SUBTEST INFORMATION

Subtest	Date	Regents Credit Information
Reading		Passing Regents exams may be added to your High School Equivalency record. If you passed Regents exams and would like to receive credit for a TASC™ subtest, please see the R Application for more information. http://www.acces.nysed.gov/hse/regents-hse-exam
Writing		
Mathematics		
Science		
Social Studies		

Signature Required on Last Day of Testing:

_____			Today's Date		
Examinee Signature			____ / ____ / ____ mm dd YYYY		