

**VERIFICATION FORM FOR NEW YORK STATE TASC™ APPLICANTS 17 OR 18 YEARS OF AGE WHO ARE
 CONFINED TO A FACILITY OR INSTITUTION OR ARE ADJUDICATED YOUTH**

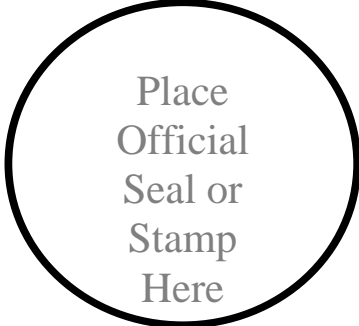
NOTE: These are residents who are confined to a narcotics addiction control center, a New York State Office of Children and Family Services (NYSOCFS) facility, a county jail, detention center or a New York State Department of Correctional and Community Supervision (NYSDOCCS) facility, are patients in a hospital in New York State **OR** youth who are adjudicated or under the direction of a prison, jail, detention center, court, parole or probation office.

ALL SECTIONS TO BE COMPLETED BY FACILITY, INSTITUTION OR AGENCY IN BLUE INK

| | | | |
|--------------------------------|-------------------------------------|-------|------------------|
| Program Information | Name of Facility/Institution/Agency | | Test Center Code |
| | Address (Street/P.O. Box) | | |
| | City | State | Zip Code |

| | | | | |
|----------------------------------|---|--|------------|---|
| Applicant Information | Fill in the name, Social Security Number, age and date of birth of the applicant. An official at the institution must complete all sections and affix its official seal or stamp. Attach this <i>Attachment-E</i> to the applicants completed and signed <i>Attachment A (Application for TASC™ Testing)</i> . | | | |
| | Last Name | | First Name | Middle Initial |
| | Social Security Number or Government ID | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | Age | Date of Birth ____/____/____ mm dd yyyy |
| | Address | City | State | Zip Code |

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|---|---|---------------|
| Official Authorized Signature | By signing below, I verify that the above named applicant has reached “maximum compulsory school attendance age*” and is confined to the above named facility or institution, or is an adjudicated youth under the direction of court, parole or probation. I also verify that the high school equivalency diploma is an essential part of the rehabilitation process and the applicant demonstrates readiness to test. | |
| | _____ | _____ |
| | Type Name | E-mail |
| | _____ | (____) _____ |
| Title | Phone Number | |
| _____ | _____ | |
| Authorized Signature from Facility/Institution | Date | |



Place
Official
Seal or
Stamp
Here