

**VERIFICATION FORM FOR NEW YORK STATE TASC™ APPLICANTS WHO ARE 17 OR 18 YEARS OF AGE AND HAVE NOT ATTENDED A REGULAR FULL-TIME HIGH SCHOOL PROGRAM FOR ONE YEAR OR MORE, WHOSE HIGH SCHOOL CLASS HAS ALREADY GRADUATED, OR FOR 16, 17 OR 18 YEARS OF AGE APPLICANTS WHO HAVE BEEN HOME SCHOOLED.**


Attachment B must be completed by an official of the school district last attended by the applicant.

**APPLICANT TYPES IN INFORMATION FOR THIS SECTION**

<b>To be Completed by Applicant</b>	<b>Fill in your name, Social Security Number or Government ID, age and date of birth. An official from the school you last attended <u>MUST</u> complete the section below. You must affix <i>Attachment B</i> to your completed and signed <i>Attachment A "Application for TASC™ Testing."</i></b>				
	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

\*"Maximum compulsory school attendance age" is reached when the school year in which the student turned 16 (or older maximum age as the board of education of the school district may designate for required school attendance pursuant to section 320.5(3) of Education Law) has ended (June 30).

**SCHOOL OFFICIAL CLEARLY PRINTS THE INFORMATION CONTAINED IN THIS SECTION IN BLUE INK**

<b>To be Completed by School Official</b>	<b>Fill in your school's information below. Check and complete the statement that applies to the above examinee. Sign, date and provide your title, e-mail address and phone number. Affix school's official seal or stamp in the space provided. Only forms with original signatures in blue ink will be accepted.</b>			
	School Name			Phone Number ( )
	Address			City
	E-Mail Address			State      Zip Code
	<input type="checkbox"/> By signing below, I am verifying that the above named individual has reached "maximum compulsory school attendance age*" and ____ / ____ / _____, was the last day of attendance, dismissal or discharge and that he/she has not been a regularly enrolled student since that time, <b>OR</b>			
	<input type="checkbox"/> By signing below, I am verifying that the above named individual has reached "maximum compulsory school attendance age*" and did not complete requirements for graduation with the class of _____ (based on his or her ninth-grade enrollment) that will graduate or graduated on ____ / ____ / _____, <b>OR</b>			
	<input type="checkbox"/> By signing below, I am verifying that the above named individual has reached "maximum compulsory school attendance age*" and has been home schooled			
Name of School Official (PLEASE PRINT)				
Title of School Official	E-mail			
Signature of School Official	Date			