

VERIFICATION FORM FOR NEW YORK STATE TASC™ APPLICANTS 16*, 17, OR 18 YEARS OF AGE WHO ARE CURRENTLY ENROLLED IN A JOB CORPS PROGRAM, HAVE APPLIED TO THE U.S. ARMED FORCES, OR HAVE APPLIED TO A COLLEGE, UNIVERSITY OR POST SECONDARY INSTITUTION

APPLICANT MUST COMPLETE ALL INFORMATION IN THIS SECTION

To be Completed by Applicant	Fill in your name, Social Security Number or Other Government ID, age and date of birth. An official at the institution must complete one section below and affix its official seal or stamp. Attach this Attachment D to your completed and signed Attachment A (Application for TASC™ Testing) , and mail documents to the test center.				
	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	
	Street 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)".

INSTITUTION OFFICIAL MUST COMPLETE ALL INFORMATION IN THIS SECTION IN BLUE INK

To be Completed by Institution Official	<input type="checkbox"/> Student 17 or 18 years of age currently enrolled in a Job Corps program: By signing below, I am verifying that the above applicant has reached "maximum compulsory school attendance age*" and is currently enrolled in a Job Corps program and has demonstrated readiness to test.			
	<input type="checkbox"/> Student 16*, 17 or 18 years of age who has APPLIED to the U.S. Armed Forces : By signing below, I am verifying that the above applicant has reached "maximum compulsory school attendance age,*" has applied to the U.S. Armed Forces, and has met all requirements except for a high school diploma or high school equivalency diploma.			
	<input type="checkbox"/> Student 16*, 17 or 18 years of age who has applied to a college, university or an accredited postsecondary institution : By signing below, I am verifying that the above applicant has reached "maximum compulsory school attendance age,*" has applied to the below named institution, and has met all admission requirements except for a high school diploma or high school equivalency diploma.			
	Name of Official		Title	
	Name of Organization			Phone Number ()
	Street Address			
	E-Mail Address			
City	State	Zip Code		
Official Signature				