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

T-TAF FORM

REFERRAL FORM FOR NEW YORK STATE TASC™ TEST APPLICANTS ENROLLED IN AN APPROVED ALTERNATIVE HIGH SCHOOL EQUIVALENCY PREPARATION (AHSEP) PROGRAM, AN ADULT PREPARATION PROGRAM OR A NON FUNDED NYSED CODED PROGRAM

Prep Program Information

PLEASE PRINT CLEARLY IN BLUE INK

Name of TASC™ Preparation Program	5-Digit Prep Program Code
Address (Street/P.O. Box)	
City / State / Zip Code	

Applicant Information

Last Name	First Name	Middle Initial
Address		Apartment Number

Social Security Number	Age	Date of Birth
___ – ___ – ____		Month Day Year

TASC™ Readiness Assessment Information

Under Commissioner's Regulations 100.7 (1) (XVIII): "Students preparing to take the high school equivalency examination shall not be referred to that test unless they demonstrate readiness as indicated by tests approved by the Commissioner."

TASC™ Readiness Assessment Scores		Test Date _____
Mathematics _____	Reading _____	Science _____
Social Studies _____	Writing _____	Total _____

Signature Section *By signing below (in blue ink) I verify that the above applicant is being referred by any NYSED coded (AHSEP, adult or non-funded) preparation program. In addition, I verify that the applicant has reached "maximum compulsory school attendance age." Maximum compulsory school attendance age is reached when the school year in which the student has turned 16, or such older maximum age as the board of education of the school district may designate for required school attendance pursuant to section 3205(3) of Education Law has ended (June 30). It is my understanding that the applicant may not take the TASC™ Test until July 1st of the year in which he/she turned 16 or such older maximum age as referenced above. I also verify that the applicant demonstrates readiness to test as evidenced by scores on the TASC™ Readiness Assessment and/or observed academic performance.*

_____
Signature of Preparation Program Official Date

_____
Print or Type Official's Name

(____)_____ _____
Phone Number **Required E-mail Address**

Place Official Seal or Stamp Here