



ADULT CAREER AND CONTINUING EDUCATION SERVICES (ACCES)
ADULT EDUCATION PROGRAMS AND POLICY
HIGH SCHOOL EQUIVALENCY OFFICE
89 WASHINGTON AVE., ROOM 460 EBA
ALBANY, NEW YORK 12224
(518) 474-5906; FAX: (518) 474-3041
www.acces.nysed.gov

**New York State Education Department
High School Equivalency Office
Official TASC™ Testing Center Staff Appointment Form**

Date: ____/____/____
mm dd yyyy

Last Name: _____ First Name: _____

Be authorized to serve as a (check one) Test Coordinator Examiner

at the following Official New York State TASC™ Testing Center:

Center Number: _____ Center Name: _____

Center Address: _____

Center City: _____ State: _____ Zip Code _____

Email (required): _____

Phone Number: (____) _____ Fax Number: (____) _____
Area Code Area Code

Reason for Request (check one): Replacing current TASC™ Coordinator
 New / Additional Examiner Staff

Required NYSED-training of the new staff member was completed on:

TASC™ Training Date: ____/____/____
mm dd yyyy

I understand that all TASC™ testing center staff must meet or exceed the educational and professional qualifications necessary to perform the duties as outlined in the Test Administration Manual (CTB), the New York State TASC™ Test Administration Handbook (NYSED), and the TASC™ Test Administration Guide for New York State (NYSED). Furthermore, I understand that the TASC™ testing staff may never be involved in any capacity in instruction or preparation of the examinees to take the TASC™ Test.

Appointee Signature: _____ Requested Date: ____/____/____
mm dd yyyy

NYSED HSE Administrator Signature: _____ Approved Date: ____/____/____
mm dd yyyy