**TASC™ TESTING SCHEDULE – NEW EXAM DATES, CANCELATIONS, OR CLOSURES FOR PUBLIC TEST CENTERS ONLY**

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| **Information provided on this form will be posted by the NYS Education Department at** <http://www.acces.nysed.gov/hse/hse-testing-maps>**.** * **Test centers open to the public must submit their annual testing calendar, by December 1, for the following calendar year.**
* **This form should also be used to report changes in testing schedules - for sites open to the public - including when test dates are closed/filled or canceled or to add new testing dates.**
* **Email the completed for to** **HSETC@nysed.gov****.**
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| **3-Digit Test Center Number:**  | **Test Center Name:**  | **Form Completed By:**  |
| **Indicate changes to test center mailing or physical address, fax or phone number, if applicable.**  |
| **Physical Address of Test Center:** | **Mailing Address of Test Center:** |
| **City**  | **City**  |
| **State**  | **Zip** | **State** | **Zip** |
| **Testing Center Telephone Number (*)-- ext.***  | **Testing Center Fax Number (*)-- ext.***  |

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| **Day One (1) of Testing** | **Day Two (2) of Testing (if applicable)** | **Test Mode** | **Update or Change Status** |
| **Date of Testing mm/dd/yyyy** | **Arrival Time (HR + am/pm)** | **Date of Testing mm/dd/yyyy** | **Arrival Time (HR + am/pm)** | **CBT** | **PBT** | **New Test Session** | **Full/Closed Test Session** | **Canceled Test Session** | **Reason for Cancelation - If Applicable** |
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**TASC™ TESTING SCHEDULE – NEW EXAM DATES, CANCELATIONS, OR CLOSURES FOR PUBLIC TEST CENTERS ONLY**

**3-Digit Test Center Number:  Test Center Name:**

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| **Day One (1) of Testing** | **Day Two (2) of Testing (if applicable)** | **Test Mode** | **Update or Change Status** |
| **Date of Testing mm/dd/yyyy** | **Arrival Time (HR + am/pm)** | **Date of Testing mm/dd/yyyy** | **Arrival Time (HR + am/pm)** | **CBT** | **PBT** | **New Test Session** | **Full/Closed Test Session** | **Canceled Test Session** | **Reason for Cancelation - If Applicable** |
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