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

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.

<ul> <li>Email the completed for to</li> </ul>	HSETC@nysed.gov.						
3-Digit Test Center Number:	Test Center Name:	Form Co	ompleted 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.				

Day One (1) of T	Pay 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 Testi mm/dd/yyy		CBT	PBT	New Test Session	Full/Closed Test Session	Canceled Test Session	Reason for Cancelation - If Applicable	
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## **3-Digit Test Center Number:**

## **Test Center Name:**

		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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