

**APPLICATION FOR GED TESTING**

**Mail or bring this application to a local test center.**  
**Do not send it to the NYSED GED® Testing Office.**

***Candidate Information PLEASE PRINT CLEARLY IN INK***

1. Social Security Number <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		2. Preparation Program Name (if applicable)		Preparation Program Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
3. Name: Last Name		First Name		Middle Initial	
4. Address (Street/P.O. Box)				Apartment Number	
5. City		State		Zip Code	
6. Telephone Number (____) _____ Area Code      Number		7. Date of Birth _____ Month    Day    Year		8. Age	
		9. Gender Male <input type="checkbox"/> Female <input type="checkbox"/>		10. In which language do you wish to be tested? <i>Check one</i> English <input type="checkbox"/> French <input type="checkbox"/> Spanish <input type="checkbox"/>	
11. Name of Last High School Attended		Address		City      State	
<b><i>Previous Test Information</i></b>					
12. Have you previously taken the GED® test in New York State? <input type="checkbox"/> YES <input type="checkbox"/> NO			If "YES," complete items 13-17. If "NO," go to item 18.		
13. What name did you use at that test? → _____ <div style="display: flex; justify-content: space-between; width: 100%;"> <span>Last Name</span> <span>First Name</span> <span>Middle Initial</span> </div>					
14. Identification Number Used		15. Test Center & Location		16. Date(s) & Year(s)	
17. Form(s) of Test(s) Taken					

***Requested Test and Location Dates***

Select your preferred choice for test center and date(s) for taking the GED® test. Make your choice from the list of test centers located at: [www.acces.nysed.gov/ged/nys\\_map/counties.html](http://www.acces.nysed.gov/ged/nys_map/counties.html) Print the name of the test center and the date(s) you wish to test on the lines below.

18. TEST CENTER \_\_\_\_\_ 19. TEST DATE – FIRST CHOICE \_\_\_\_\_ SECOND CHOICE \_\_\_\_\_

20. Are you applying for accommodations to the procedures for administering the GED® test because of a disability? NO (If no, go to item 21)		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	If "YES" and this office has <u>already authorized</u> accommodations for you, enclose a copy of the approval letter with your application.  If "YES" and this office <u>has not already authorized</u> accommodations, you must visit the NYS GED® Website at: <a href="http://www.acces.nysed.gov/ged/accomodations.html">www.acces.nysed.gov/ged/accomodations.html</a> Follow the directions for submitting a request for testing accommodations.
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**Eligibility Information**

21. Are you 19 years of age or older? If "YES," go to item 23.	➔	<input type="checkbox"/> YES <input type="checkbox"/> NO	If "NO," go to item 22. You must obtain the appropriate documentation and include the appropriate attachment with this application identifying the eligibility criteria you meet. (B-2 – B-9, C-2, C-3)
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Eligibility for persons under the age of 19 only.

**You must be discharged from high school. You must also have reached "maximum compulsory school attendance age" (The school year [July 1–June 30] in which you turned 16 has ended.**

22. Please use a check mark (✓) to indicate **ONE** eligibility category you meet and attach documentation.

- B2 One year has passed since you were last legally able to leave high school and enrolled in a full-time high school program of instruction; **or**
- B3 You were a member of a high school class that has already graduated; **or**
- B4/C2 You are enrolled in an Approved Alternative High School Equivalency Preparation Program; **or**
- B5/C3\*You have been accepted into the U.S. Armed Forces, or you have been accepted into a college, university or accredited post secondary institution; **or**
- B6 You have been a member of the Job Corps for a period of at least six (6) months; **or**
- B7 You are incarcerated/institutionalized; **or**
- B8 You are an adjudicated youth under the direction of a prison, jail, detention center, parole or probation officer.
- B9 You are at least 17 and have been home schooled.

**\*Under this eligibility successful candidates will only receive a passing transcript, not a diploma.**

23. I understand that my eligibility for GED® testing will be determined based on the information provided on this application and on any enclosed documentation. If any of this information is incorrect and, based on my prior testing record, it is subsequently determined that I did not meet the eligibility requirements on the date that the test session began, I understand that my test will not be scored. I do hereby certify, subject to the penalty for perjury, that the information given on this form and on any enclosures is true to the best of my knowledge and belief.

CANDIDATE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

***Permission of Parent/Guardian (if candidate is under 18)***

24. By signing below I am verifying that the information on this application is true. In addition, I give permission for my son/daughter (circle one) named \_\_\_\_\_, to take the GED® test.

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_