

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

APPLICATION F

VERIFICATION FORM FOR NEW YORK STATE GED TEST APPLICANTS 17 OR 18 YEARS OF AGE WHO ARE FOREIGN BORN AND NEVER ATTENDED K-12 SCHOOLS IN THE UNITED STATES

NOTE: This form is for New York State residents who are foreign born and have NEVER attended K-12 schools in the United States. It is required that the examinee's parent, guardian, sponsor or spouse fills out this form which must then be notarized. In addition, the examinee must provide a copy of a passport or visa which shows his/her initial date of arrival in the United States.

Please complete the information below

Applicant Information

Last Name:	First Name:	Middle Initial:
GED ID:	Age:	Date of Birth: ____ / ____ / ____ mm dd yyyy
Address:	City:	State: Zip Code:
Email Address:	Phone Number: ()	

Students must have reached maximum compulsory school attendance age (MCSAA) prior to applying to test. MCSAA is reached on or after July 1st of the school year immediately following the year during which a student would be legally permitted to withdraw. MCSAA is found in Education Law § 3502(3) and may differ by school district.

Witness Information

To be completed by applicant's parent, guardian, sponsor or spouse

Last Name:	First Name:	Middle Initial:
Relationship to Applicant or Title and Name of Sponsoring Agency:		

To Be Signed in Blue Ink by Applicant, Witness and Notary Public

Official Authorized Signatures

By signing below, I verify that the above named applicant has reached "maximum compulsory school attendance age*" and has never attended K-12 schools in the United States.

_____ Applicant Signature	_____ Date
_____ Witness Signature	_____ Date
_____ Notary Public Signature	_____ Date

