SECTION A IS FOR TEST CENTER USE SECTION B MUST BE COMPLETED BY THE EXAMINEE The University of the State of New York
THE STATE EDUCATION DEPARTMENT
High School Equivalency (HSE) Office
(518) 474-5906

NYSED - HSE Exam SIGNATURE AND DEMOGRAPHIC FORM

THIS FORM MUST BE COMPLETED FOR EACH EXAMINEE TO ENSURE ACCURACY WITH DEMOGRAPHIC INFORMATION, AND TO VERIFY ATTENDANCE AND SUBTESTS TAKEN. INCLUDE THIS FORM WITH TEST MATERIAL SUBMITTED TO NYSED, WITHIN FIVE BUSINESS DAYS FROM THE LAST DAY OF TESTING.

A: TEST CENTER SCHEDULING INFORMATION

| 3 Digit Test Center Number | Test Center Name: | | | First Day of Test Session | | |
|--|---|--|-------------------|---------------------------|------------------|--|
| | | | | / | / | |
| Farm | | | 1 | | d yyyy | |
| Form | Language | Platform | 5 Digit Prep Co | | | |
| | o English o Spanish | o CBT o PBT | (if applicable): | | | |
| Examinee GED | | | | | | |
| Email Address – – – | | | | | | |
| Did examinee request testing accommodations? Yes No If applicable: Did examinee waive testing accommodations? Yes No | | | | | | |
| B: EXAMINEE INFORMATION FOR RECORDS EXAMINATION | | | | | | |
| First Name Middle Initial Last Name | | | | | | |
| Gender Date of Birth | | | | | | |
| ○ Male ○ Female ○ Non-Binary/prefer not to answer | | | | | | |
| mm dd YYYY | | | | | | |
| SSN# (Last 4-Digits) or Other Government ID Home Phone Cell Phone | | | | | | |
| Street Address (Street/P.O. Box | () | | | | Apartment Number | |
| City | | | Chaha | 7in Codo | | |
| City | | | State | Zip Code | | |
| | | | | | | |
| Approximate Last Date Tested | | | | | | |
| Have you previously taken the TASC™ or GED®? Yes No | | | | | | |
| Signature Required on the First Day of Testing: By signing below, I understand that my eligibility for testing is determined by | | | | | | |
| information provided on my application and in my supporting documentation provided to the test center, the New York State | | | | | | |
| Education Department, and/or to GED Testing Service. | | | | | | |
| | | | | | | |
| If I am found to have provided inaccurate information or are otherwise declared ineligible under New York State testing rules, I | | | | | | |
| understand that my test may not be scored, and any documents issued may be rescinded. | | | | | | |
| Today's Date / / | | | | | | |
| Examinee Signature Today's Date / / mm dd YYYY | | | | | | |
| Examine of Signature | | | | | | |
| Code and | | IEE SUBTEST INFORMAT | | · | | |
| Subtest | Date | Ke | egents Credit Inf | rormation | | |
| Reading through Language Arts (RLA) | | Passing Regents exams may be added to your High School Equivalency | | | | |
| Mathematics | | record. If you passed Regents exams and would like to receive credit for a | | | | |
| Science | HSE subtest, please see the Application R for more information. | | | | | |
| Social Studies | | | | | | |
| Signature Required on Last Day of Testing: | | | | | | |
| | | | | | | |
| Today's Date | | | | | | |
| Examinee Signature mm dd YYYY | | | | | | |
| | | | | | | |