

The University of the State of New York  
 THE STATE EDUCATION DEPARTMENT  
 High School Equivalency (HSE) Office  
 89 Washington Avenue, EBA 460  
 Albany, New York 12234

### GED® Test Verification Form for Test Centers Which Register Test Takers

The test taker should complete the information below. This information will be used to ensure that the test center enters the test taker's demographic data accurately when creating the test takers account.

For corrections accounts, the test center's mailing address is used when creating a test taker account in GED Manager. HSE diplomas earned through testing at private or corrections test centers will be mailed directly to the test center, i.e., the address used in GEDManager.

The information provided on this form is intended for the purpose of allowing the test taker to verify their own information. Where applicable, a personal mailing address and email address should be used.

Upon release from the facility or exiting a private test setting, the test center will need to release the test taker's account. The information provided below should be used to complete this action. Alternatively, the test taker can call GED Testing Service at 1-877-392-6433 to indicate they have been released and would like to access their own account.

Applicant Information				
First Name	Middle Initial	Last Name	Suffix	
Date of Birth	Student telephone number	Email Address (print neatly and clearly)		
Mailing Address (Street/P.O. Box)			Apartment Number	
City		State	Zip Code	
Test Center Name		Test Center Number		
Indicate below which subtest(s) the candidate is requesting to be scheduled				
GED Subtests(s) Requested	ELA <input type="checkbox"/>	Math <input type="checkbox"/>	Social Studies <input type="checkbox"/>	Science <input type="checkbox"/>
Indicate whether the test(s) requested are needed in Spanish. Otherwise, they are administered in English.	ELA <input type="checkbox"/>	Math <input type="checkbox"/>	Social Studies <input type="checkbox"/>	Science <input type="checkbox"/>
By signing below, I am attesting that the information provided above is accurate. I understand that if I am found to have provided inaccurate information or are otherwise declared ineligible under New York State testing rules, that my test may not be scored. and any documents issued may be rescinded.				
Examinee Signature		Today's Date		