

This application *must* be completed each time applicants apply to test.

Applicants ***must*** provide a response to each item denoted by an asterisks (*) and sign the application in blue ink. It is recommended that all applicants review [TASC™ test preparation materials](#) before taking the test.

Applicants are encouraged to go to the following website to see a listing of [HSE Preparation Programs](#) in their area.

This application *must* be mailed to the local test center where you wish to test.

Go to the NYSED website to find a [local test center](#).

DO NOT SEND THIS COMPLETED APPLICATION TO THE NYSED HSE OFFICE.

First Name (Official Name)*	Middle Initial	Last Name (Official Name)*
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New York State TASC™ Test Taking Process

Applicants under Age 19:

Applicants who are age sixteen (16) or seventeen (17) by the first day of testing are required to meet “maximum compulsory school attendance age” requirements. Applicants reach “maximum compulsory school attendance age” when the school year in which they turn sixteen (16) years of age has ended (June 30). In New York City, and in some other public school districts in New York State, applicants reach “maximum compulsory school attendance age” when the school year in which they turn seventeen (17) years of age has ended (June 30).

In addition to meeting “maximum compulsory school attendance age” requirements, applicants who are sixteen (16), seventeen (17) or eighteen (18) years of age by the first day of testing must meet age eligibility criteria and are required to mail the appropriate attachments to the test center with this application. Applicants aged nineteen (19) and over do not need to meet age eligibility requirements.

Testing Accommodations:

Applicants may request testing accommodations if they have a documented disability. Applicants wishing to request testing accommodations must mail their request and supporting documentation (IEP and/or medical documentation) to DRC/CTB for review and decision. (See [TASC™ website](#) for information). If approved for testing accommodations, applicants must provide the testing center the approval letter from DRC/CTB before they are scheduled to test. Once applicants are approved for testing accommodations they do not need to reapply for the same testing accommodations if they need to retest.

After Applying:

Once applicants submit this application, proof of residency, age eligibility attachment (if applicable) and testing accommodation approval letter (if applicable) to the testing center, they will receive a testing ticket for Computer-Based Testing (CBT) or an admission notice for Paper-Based Testing (PBT) which indicates the location, testing date(s) and testing times of the scheduled TASC™ test.

Applicants must bring their admission notice or testing ticket to the testing center together with two (2) forms of identification (one with a current photo) on each day of testing and must follow all testing rules, regulations and testing policies and procedures established by the testing center.

Applicants must take each scheduled subtest. DRC/CTB then scores each of these subtests. The scores for each subtest can be viewed by examinees on the DRC/CTB student portal if they have previously provided a valid email address. They may also check the NYSED Status Report to determine if an actual document (diploma, transcript) was produced.

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New York State Testing Policies	
Applicants must complete and mail this application to the test center of their choice each time they intend to take the TASC™ Test.	The TASC™ test is offered in either English or Spanish. Formats include: English or Spanish print, Large Print, Audio/CD and Braille.
Applicants must be New York State residents for at least thirty (30) days by the first day of testing in order to take the TASC™ Test.	Examinees are not permitted to retest on the same test form during a calendar year.
Examinees may take the TASC™ Test a maximum of three (3) times in a calendar year.	An examinee needs to pass all five (5) subtests (Writing, Social Studies, Science, Reading and Mathematics) to earn a New York State High School Equivalency diploma.
Examinees must wait a minimum of sixty (60) calendar days from the first date of testing to retest.	The minimum passing score for each TASC™ subtest is 500.
Applicants who are sixteen (16) or seventeen (17) years of age must reach “maximum compulsory school attendance age” by the first day of testing.	Passing GED® 2003-2013 English and passing GED® 2004-2013 Spanish or French test scores of 410 or higher can be used toward earning a New York State High School Equivalency Diploma.
In addition to reaching “maximum compulsory school attendance age”, applicants who are sixteen (16) or seventeen (17) years of age by the first day of testing must meet additional age eligibility criteria.	A test session is generally administered within eight (8) calendar days.
Although applicants who are eighteen (18) years of age have already met “maximum compulsory school attendance age,” by the first day of testing they still need to meet age eligibility criteria.	Applicants must send all requests for testing accommodations to DRC/CTB for review and decision.

The Application

TASC™ Testing History in Another State	
1.	Have you ever taken a TASC™ test in another state? <input type="checkbox"/> Yes <input type="checkbox"/> No

New York State High School Equivalency Testing History	
A.	Have you ever taken the TASC™ Test (2014-present) in New York State? <input type="checkbox"/> Yes <input type="checkbox"/> No
B.	Have you ever taken the GED® Test (2002-2013) in New York State? <input type="checkbox"/> Yes <input type="checkbox"/> No
C.	What name did you use the last time you tested in New York State? <div style="display: flex; justify-content: space-between;"> First Name Middle Initial Last Name </div>
D.	Test center where you took your last TASC™ or GED® test? Date of Last Test / /

If you answered “yes” to questions A or B, it is recommended that you provide a copy of your latest failure notice and mail a copy of it with this application to the testing center.

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Applicants must confirm all eligibility requirements in order to proceed with registration and scheduling.

2. **Proof of NYS residency for a minimum of thirty (30) days must be provided to the test center.**

Applicants must provide written proof (copies, not originals) that they have lived in New York State for at least thirty (30) days prior to taking the TASC™ test. Applicants must check below which type of residency proof is attached:

Valid forms of proof:

<input type="checkbox"/> Valid NYS Driver’s License <input type="checkbox"/> NYS “Non-driver’s ID” <input type="checkbox"/> Automobile Registration <input type="checkbox"/> Copies of most recent completed NYS tax returns and corresponding W-2 form <input type="checkbox"/> NYS apartment lease signed by landlord <input type="checkbox"/> Deed or mortgage statement	<input type="checkbox"/> Monthly bank or credit card statement <input type="checkbox"/> Voter registration card <input type="checkbox"/> Selective Service card <input type="checkbox"/> Homeowners or renter’s insurance policy <input type="checkbox"/> Telephone utility bills or payment of service such as cable TV <input type="checkbox"/> Attendance as a juror in NYS <input type="checkbox"/> Municipal ID (NYC)
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3. **Applicants who are seventeen (17) or eighteen (18) years of age by the first day of testing must meet the following criteria:**

A. Proof of NYS residency;

B. Submit proof of age eligibility criteria noted below to the testing center.

C. The applicant must check which one of the following age eligibility criteria applies to their situation.

Age Eligibility Criteria	Required Proof
<input type="checkbox"/> The applicant is foreign born and never attended K-12 schools in the United States.	Attachment F
<input type="checkbox"/> The applicant has reached “maximum compulsory school attendance age”* and one year has passed since the applicant was last enrolled in a program of student leading to a high school diploma.	Attachment B
<input type="checkbox"/> The applicant has reached “maximum compulsory school attendance age”* and was a member of a high school class that already graduated.	Attachment B
<input type="checkbox"/> The applicant has reached “maximum compulsory school attendance age”* and is enrolled in an Alternative High School Equivalency Preparation (ASHEP) Program.	T-TAF
<input type="checkbox"/> The applicant has applied to the United States Armed Forces.	Attachment D
<input type="checkbox"/> The applicant has applied to a college or post-secondary institution.	Attachment D
<input type="checkbox"/> The applicant is currently enrolled in a Job Corps program.	Attachment D
<input type="checkbox"/> The applicant is incarcerated or institutionalized.	Attachment E
<input type="checkbox"/> The applicant is an adjudicated youth or is under the direction of a prison, jail, detention center, court, parole or probation office.	Attachment E
<input type="checkbox"/> The applicant has reached “maximum compulsory school attendance age”* and has been home schooled.	Attachment B

The NYC Department of Education, the Buffalo City School District and other public school districts have adopted a policy that students reach “maximum compulsory school attendance age” when the school year the applicant turns seventeen (17) (not sixteen (16)) has ended (June 30). some seventeen (17) year olds may have to show proof that they have met the “maximum compulsory school attendance age” requirements.

Link to age eligibility [forms](#).

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4.	<p>Applicants who are sixteen (16) years of age by the first day of testing must meet three conditions:</p> <p style="margin-left: 20px;">A. Proof of NYS residency;</p> <p style="margin-left: 20px;">B. Proof that the applicant has reached “Maximum Compulsory School Attendance Age”;</p> <p style="margin-left: 20px;">C. The applicant must check which one of the following age eligibility criteria applies to their situation.</p>										
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d3d3d3;"> <th style="width:85%;">Age Eligibility Criteria</th> <th style="width:15%;">Require d Proof</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;"><input type="checkbox"/> The applicant has reached “maximum compulsory school attendance age” and is enrolled in an Alternative High School Equivalency Preparation (ASHEP) Program.</td> <td style="text-align: center; vertical-align: middle;">T-TAF</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> The applicant has reached “maximum compulsory school attendance age” and has applied to the United States Armed Forces.</td> <td style="text-align: center; vertical-align: middle;">Attachm ent D</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> The applicant has reached “maximum compulsory school attendance age and has applied to a college or post-secondary institution.</td> <td style="text-align: center; vertical-align: middle;">Attachm ent D</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> The applicant has reached “maximum compulsory school attendance age and has been home schooled.</td> <td style="text-align: center; vertical-align: middle;">Attachm ent B</td> </tr> </tbody> </table>		Age Eligibility Criteria	Require d Proof	<input type="checkbox"/> The applicant has reached “maximum compulsory school attendance age” and is enrolled in an Alternative High School Equivalency Preparation (ASHEP) Program.	T-TAF	<input type="checkbox"/> The applicant has reached “maximum compulsory school attendance age” and has applied to the United States Armed Forces.	Attachm ent D	<input type="checkbox"/> The applicant has reached “maximum compulsory school attendance age and has applied to a college or post-secondary institution.	Attachm ent D	<input type="checkbox"/> The applicant has reached “maximum compulsory school attendance age and has been home schooled.	Attachm ent B
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5.	Examinees who are nineteen (19) years of age or older by the first day of testing do not need to meet age eligibility criteria.										

Demographic Information																			
6.	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%; border-right: 1px solid black; padding: 5px;">9-Digit Social Security Number* - - - - -</td> <td style="width:10%; text-align: center; padding: 5px;">OR</td> <td style="padding: 5px;">Other Government ID Number*</td> </tr> </table> <p style="margin-left: 20px;">*It is important to report the same SSN or Other Government ID each time the applicant tests.</p> <p>Government ID Type* (Check Only One)</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 5px;"> <input type="checkbox"/> Passport <input type="checkbox"/> Driver’s License <input type="checkbox"/> Permanent Residence Card <input type="checkbox"/> Alien Card <input type="checkbox"/> Military ID </td> <td style="width:50%; padding: 5px;"> <input type="checkbox"/> Non-Driver’s ID <input type="checkbox"/> State Alternative Identification <input type="checkbox"/> NYC Identification Card Number <input type="checkbox"/> Consulate Issued Identification <input type="checkbox"/> Other </td> </tr> </table>	9-Digit Social Security Number* - - - - -	OR	Other Government ID Number*	<input type="checkbox"/> Passport <input type="checkbox"/> Driver’s License <input type="checkbox"/> Permanent Residence Card <input type="checkbox"/> Alien Card <input type="checkbox"/> Military ID	<input type="checkbox"/> Non-Driver’s ID <input type="checkbox"/> State Alternative Identification <input type="checkbox"/> NYC Identification Card Number <input type="checkbox"/> Consulate Issued Identification <input type="checkbox"/> Other													
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8.	Date of Birth* / / mm dd yyyy																		
9.	Gender* <input type="checkbox"/> Male <input type="checkbox"/> Female																		
10.	Race* (Check All That Apply) <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White																		
11.	Ethnicity* <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic																		
12.	Home Language* (Select One) <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 5px;"><input type="checkbox"/> English</td> <td style="width:33%; padding: 5px;"><input type="checkbox"/> Arabic</td> <td style="width:33%; padding: 5px;"><input type="checkbox"/> Vietnamese</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Spanish</td> <td style="padding: 5px;"><input type="checkbox"/> Korean</td> <td style="padding: 5px;"><input type="checkbox"/> Urdu</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> French</td> <td style="padding: 5px;"><input type="checkbox"/> Russian</td> <td style="padding: 5px;"><input type="checkbox"/> Amharic</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Chinese: Cantonese/Mandarin</td> <td style="padding: 5px;"><input type="checkbox"/> Portuguese</td> <td style="padding: 5px;"><input type="checkbox"/> Somali</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> Haitian Creole</td> <td style="padding: 5px;"><input type="checkbox"/> Polish</td> <td style="padding: 5px;"><input type="checkbox"/> Hmong</td> </tr> <tr> <td></td> <td style="padding: 5px;"><input type="checkbox"/> Bengali</td> <td style="padding: 5px;"><input type="checkbox"/> Other</td> </tr> </table>	<input type="checkbox"/> English	<input type="checkbox"/> Arabic	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Spanish	<input type="checkbox"/> Korean	<input type="checkbox"/> Urdu	<input type="checkbox"/> French	<input type="checkbox"/> Russian	<input type="checkbox"/> Amharic	<input type="checkbox"/> Chinese: Cantonese/Mandarin	<input type="checkbox"/> Portuguese	<input type="checkbox"/> Somali	<input type="checkbox"/> Haitian Creole	<input type="checkbox"/> Polish	<input type="checkbox"/> Hmong		<input type="checkbox"/> Bengali	<input type="checkbox"/> Other
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First Name (Official Name)	Middle Initial	Last Name (Official Name)			
13.	E-mail Address				
	Alternate E-mail Address				
	Note: If you provide a valid email address above, you will be able to view your <u>unofficial</u> TASC™ test scores on the DRC/CTB TASC™ Test State Portal.				
14.	Telephone Numbers*				
	() -	() -	() -		
	Land Line Number	Cell Phone Number	Alternate Phone Number		
	If you do not have a phone, enter (999) 999-9999 in the spaces above.				
15.	Mailing Address or PO Box Number*	Apt. #,	City*	State*	Zip Code*
	Do not use abbreviations. Report Street, Avenue, etc.	Suite, floor, etc.	Do not report city as Queens or Manhattan	NY	All NY Zip Codes begin with a 1
16.	County of Residence				
17.	I certify that the information I have provided is accurate and complete to the best of my knowledge. I understand that intentionally giving false information could result in the invalidation of my test results.				
	<input type="checkbox"/>				

Request to Schedule

Requested Test Location, Preferred Test Date(s), Mode, and Requested Form Type*	
18.	Preferred Test Location
	For a list of test centers in New York State go to
	Test Center Name* 3-Digit Test Center Code
19.	Preferred Test Date(s) for the test center noted in item number 18*
	First-Choice / / Second-Choice / /
20.	Test Types
	Indicate whether you wish to take the test as a Computer-Based-Test (CBT) or Paper-Based-Test (PBT). Check the list of testing centers to identify which testing centers offer your preferred testing mode. Check your testing mode preference below:
	Testing Type Preference* <input type="checkbox"/> Computer-Based Testing (CBT) <input type="checkbox"/> Paper-Based Testing (PBT) <input type="checkbox"/> No Preference
21.	Check Your Requested Form Test Form Type
	<input type="checkbox"/> English Print <input type="checkbox"/> Spanish Print <input type="checkbox"/> English Braille <input type="checkbox"/> Spanish Braille <input type="checkbox"/> English Audio <input type="checkbox"/> Spanish Audio <input type="checkbox"/> English Large Print <input type="checkbox"/> Spanish Large Print
22.	If you have been officially referred from an HSE test preparation program, indicate the five (5) digit prep code and mail a copy of the T-TAF referral form to the test center with this application:
23.	Identify the TASC™ subtests you wish to take.*
	<input type="checkbox"/> Writing <input type="checkbox"/> Reading <input type="checkbox"/> Science <input type="checkbox"/> Social Studies <input type="checkbox"/> Mathematics <input type="checkbox"/> I wish to take all five (5) subtests

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Testing Accommodations	
24.	Have you applied for TASC™ testing accommodations due to a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
25.	Check the status of your accommodations request. <input type="checkbox"/> I applied for testing accommodations, but I have not received a decision from DRC/CTB. <input type="checkbox"/> I applied for testing accommodations to DRC/CTB and my request was not approved. <input type="checkbox"/> I applied for testing accommodations and my request was <u>approved</u> by DRC/CTB. If approved, you must enclose a copy of your testing accommodations approval letter with this application.

Applicant Signature and Certification for All First Time and Returning Applicants	
26.	<p>I understand that my eligibility for TASC™ testing will be determined based on the information contained in this application, and on any enclosed documentation. I certify that I do not hold a high school diploma or high school equivalency diploma recognized in the United States. I further certify that I am not involved with any instruction of students who are preparing to take the TASC™ Test. I certify that the information included with this application and any attachments is complete and accurate to the best of my knowledge. I further agree that if it is determined that I intentionally gave false information on my application that my TASC™ testing scores can be invalidated. I further authorize DRC/CTB to score each subtest and share the results and my testing information with the New York State Education Department, the test center where I tested and the high school equivalency preparation program (if applicable) that I attended.</p> <p>I understand that if I provide a valid email address in Question 13 of this application, I will be able to view my <u>unofficial</u> TASC™ test scores on the DRC/CTB TASC™ Test State Portal.</p> <p>I further certify that I have reached “maximum compulsory school attendance age” if I am sixteen (16), or seventeen 17 in some regions of NYS, and have met age eligibility criteria if I am under age nineteen (19) by the first day of the test.</p> <p>By signing below I agree to the terms and conditions noted above in Question 26.</p> <p>APPLICANT SIGNATURE _____ DATE ____/____/____</p>

Parent or Guardian Signature (Required for all Test Applicants under the age of 18)	
27.	<p>I am verifying that the information contained in this application for my son or daughter is true to the best of my knowledge. I give permission for my son or daughter to take the TASC™ test, DRC/CTB to score each subtest, and to share the results with the New York State Education Department, the test center where my son or daughter tested and the high school equivalency preparation program (if applicable) that he or she attended.</p> <p>I understand that if my son or daughter provides a valid email address in Question 13 of this application, he or she will be able to view their <u>unofficial</u> TASC™ test scores on the DRC/CTB TASC™ Test State Portal.</p> <p>I further certify that my son or daughter has reached “maximum compulsory school attendance age” if sixteen (16), or 17 in some regions of NYS, and that my son or daughter has met age eligibility criteria if he or she is under age nineteen (19) on the first day of the test.</p> <p>By signing below I agree to the terms and conditions noted above in Question 26 and Question 27.</p> <p>PARENT OR GUARDIAN SIGNATURE _____ DATE ____/____/____</p>