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

Directions and Application to take the TASC™ Test:

1. Set up your Online Account for the TASC™ Test at: Online Registration for TASC Test Account

2. The TASC™ TEST Application starts on the next page. It is a 6-page application.
   - ✓ Applicants must complete each response and sign the application in blue ink**.**
   - ✓ **This application must be printed and mailed to the TASC Test Center where you would like to take the test.** DO NOT MAIL TO THE STATE EDUCATION DEPARTMENT.
   - ✓ A new application must be submitted to the Test Center each time one applies to take a TASC™ test.

3. Find a TASC™ Test Center where you would like to test: Find a TASC Test Center

4. It is recommended that all applicants review TASC™ Test preparation materials:
www.tasctest.com

5. Applicants are strongly encouraged to prepare for the TASC™ Test by contacting their local High School Equivalency (HSE) Preparation Program: HSE Preparation Programs

7. Additional important information and online resources can be found after the application, on the last two pages of this document.

First Name (Legal Name):	Middle Initial	Last Name (Legal Name):

TASC™ Test - Online Account and Testing History

1. Have you created an online account, called, "Self-Registration," to take the TASC™ Test? ☐ Yes ☐ No

If yes, what is your TASC™ Universal Unique Identification, or **UUID**, Number? ___ ___ ___ - ___ ___ ___ - ___ ___ ___

If no, you must create an online account in the Self Registration system to get a UUID.

If you do not recall if you already have a UUID number, or need to set up an online account, please go to: Create an Online Account. Once you create an online account you will be able to check your unofficial TASC™ Test scores. A UUID number will also help ensure that your HSE diploma or transcript is mailed to you without errors or delays, if you pass all required subtests.

2. Social Security Number (9 digits)   **or**   Other Government ID Number

___ ___ ___ - ___ ___ - ___ ___ ___ ___   _____

It is important to report the same SSN or Other Government ID each time you apply to test. Once you create on online account and have a UUID number, that number should always be used. Please note that a UUID Number is <u>not</u> a social security number.

3. Date of birth:	4. Telephone Number
_____ / _____ / _____ mm dd yyyy	__ __ __ - __ __ __ - __ __ __ __ If you do not have a phone, enter 999-999-9999 above.

5. Email Address: _____

Confirm Email Address: _____

It is very important to provide an email address. In addition to sending important information, the applicant can use their email address to check unofficial scores at the DRC Test Portal, after taking the TASC Test.

6. Mailing Address or PO Box Number:

Name: _____

Street Address (Use full words, such as Street, Avenue, etc.) <u>OR</u> Post Office Box _____

Apartment #, Suite, Floor, Etc. (As applicable) : _____

City (Use actual city name) : _____ State: _____ Zip Code: _____

First Name (Legal Name):	Middle Initial	Last Name (Legal Name):

6. County of Residence:

7. The following types of Government ID can be used to confirm identity. Check only one:

☐ Passport   ☐ Non-Driver's ID

☐ Driver's License   ☐ State Alternative Identification

☐ Permanent Residence Card   ☐ NYC Identification Card Number

☐ Alien Card   ☐ Consulate Issued Identification

☐ Military ID   ☐ Other _____

8. Have you previously taken the GED® (before 2014) or the TASC™ (after 2014) in New York State? ☐ Yes ☐ No

Have you previously taken the GED® (before 2014) or the TASC™ (after 2014) <u>in another state</u>?   ☐ Yes ☐ No

Name of state and location of Test Center (if in NYS) where you took the TASC™ or GED®: _____
                                                                                          (If more than one state, list all.)

Did you have a UUID from another state? ☐ Yes ☐ No   If yes, UUID: ___ ___ ___ - ___ ___ ___ - ___ ___ ___

Date of Last Test (if known):   ____ / ____ / _____
                                             mm   dd   yyyy

Residency Requirement:
Applicant must be NYS Resident for a Minimum of 30 Days Prior to Testing

Applicant must provide a copy - not the original - of one (1) document that confirms their residence in New York State for at least thirty (30) days prior to taking the TASC™ test. Check which valid form of proof of residency is attached:

☐ Valid NYS Driver's License   ☐ Monthly bank or credit card statement

☐ NYS "Non-driver's ID"   ☐ Voter registration card

☐ Automobile Registration   ☐ Selective Service card

☐ Copies of most recent completed NYS tax returns   ☐ Homeowners or renter's insurance policy

    and corresponding W-2 form   ☐ Telephone utility bills or payment of service such as cable TV

☐ NYS apartment lease signed by landlord   ☐ Attendance as a juror in NYS

☐ Deed or mortgage statement   ☐ Municipal ID (NYC)

Print and mail this completed application to the Test Center where you would like to test.

First Name (Legal Name):	Middle Initial	Last Name (Legal Name):

Age Eligibility Requirements: Applicants Under Age 19

Applicants who are nineteen (19) years of age or older by the first day of testing do not need to meet age eligibility criteria, as described for 16, 17, and 18-year-olds.

Applicants who are seventeen (17) or eighteen (18) years of age on the first day of testing must provide both Proof of NYS Residency **and** Proof of Age Eligibility.

NYS requires applicants to reach Maximum Compulsory School Attendance Age (MCSSAA). Applicants reach MCSAA after the end of the school year (June 30th) in which they turn sixteen (16), or in some districts like NYC, Buffalo, and others, age seventeen (17).

Check all age eligibility criteria that apply and mail the required form with this application to the Test Center.

☐ The applicant is foreign born **and** never attended K-12 schools in the United States. See: Attachment F

☐ The applicant has reached "maximum compulsory school attendance age" **and** one year has passed since the applicant was last enrolled in a program leading to a high school diploma. See: Attachment B

☐ The applicant has reached "maximum compulsory school attendance age" **and** was a member of a high school class that already graduated. See: Attachment B

☐ The applicant has reached "maximum compulsory school attendance age" **and** is enrolled in an Alternative High School Equivalency Preparation (ASHEP) Program. See: T-TAF

☐ The applicant has applied to the United States Armed Forces. See: Attachment D

☐ The applicant has applied to college or post-secondary institution. See: Attachment D

☐ The applicant is currently enrolled in a Job Corps program. See: Attachment D

☐ The applicant is incarcerated or institutionalized. See: Attachment E

☐ The applicant is an adjudicated youth or is under the direction of a prison, jail, detention center, court, parole or probation office. See: Attachment E

☐ The applicant has reached "maximum compulsory school attendance age" **and** has been home schooled. See: Attachment B

First Name (Legal Name):	Middle Initial	Last Name (Legal Name):

Applicants who turn sixteen (16) years of age on the first day of testing must meet two conditions: 1) Proof of NYS Residency <u>and</u> 2) Proof that the applicant has reached "Maximum Compulsory School Attendance Age". The Applicant must check which one of the following age eligibility criteria applies to their situation:

☐ The applicant has reached "maximum compulsory school attendance age" **and** is enrolled in an Alternative High School Equivalency Preparation (ASHEP) Program. See: T-TAF

☐ The applicant has reached "maximum compulsory school attendance age" **and** has applied to the United Stated Armed Forces. See: Attachment D

☐ The applicant has reached "maximum compulsory school attendance age" **and** has applied to a college or post-secondary institution. See: Attachment D

☐ The applicant has reached "maximum compulsory school attendance age" **and** has been home schooled. See: Attachment B

Additional Demographic Information

1. Gender: ☐ Male ☐ Female ☐ Non-binary/prefer not to answer

2. Race (Check all that apply)
☐ American Indian/Alaskan Native ☐ Black/African American ☐ Native Hawaiian/Other Pacific Islander
☐ Asian ☐ White

3. Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

4. Home Language (Select One):

☐ English   ☐ Karen

☐ Spanish   ☐ Uzbek

☐ French   ☐ Burmese

☐ Chinese: Mandarin/Cantonese ☐ Bengali

☐ Haitian Creole   ☐ Urdu

☐ Arabic   ☐ Somali

☐ Russian   ☐ Other

Checking the box affirms that all questions have been answered truthfully and accurately.

☐ I certify that the information that 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.

First Name (Legal Name):	Middle Initial	Last Name (Legal Name):

Request to Schedule a TASC ™Test
See: Find a TASC Test Center

1. Name of Test Center and Location (Where Applicant Prefers to Test):

3-Digit Test Center Code: **____ ____ ____**

2. Preferred Test Date(s) <u>from the Test Center listed above</u>. Be sure to only indicate dates that are listed for that location. You will be contacted by the Test Center after your application is received to confirm your testing date.

First Choice: _____ / _____ / _____   Second Choice: _____ / _____ / _____

                mm   dd   yyyy   mm   dd   yyyy

3. Test Types: Indicate whether you prefer to take a Paper Based Test (PBT) or a Computer Based test (CBT). Be sure to check that the Test Center that you prefer offers the type of testing that you want to take on your selected test date.

Testing Type Preference: ☐ Computer-Based Testing (CBT)   ☐ Paper-Based Testing (PBT)   ☐ No Preference

4. Check Requested Test Form Type:

☐ English Print   ☐ Spanish Print   ☐ English Braille   ☐ Spanish Braille   ☐ English Audio

☐ Spanish Audio   ☐ English Large Print   ☐ Spanish Large Print

5. Were you officially referred from an HSE test preparation program? ☐ Yes ☐ No

If yes, what was the name of the preparation program? _____

What is the five (5) digit Prep Program Code **___ ___ ___ ___ ___**

Your Prep Program should mail a copy of the T-TAF referral form to the Test Center with this application.

The T-TAF can be found at: http://www.acces.nysed.gov/common/acces/files/hse/attachmentt.pdf

6. Identify the TASC™ subtests that you wish to take:

☐ Writing   ☐ Reading   ☐ Science   ☐ Social Studies   ☐ Mathematics   ☐ I wish to take all five (5) subtests.

Testing Accommodations
Information at: https://tasctest.com/demo-home/test-takers/taking-tasc-test/accommodations-for-disabilities/

1. Have you applied for TASC™ testing accommodations due to a disability? ☐ Yes ☐ No   If yes, when? _____

2. Check the status of your accommodation request:

☐ I applied for testing accommodations but have not received a decision from DRC. I applied for I

☐ applied for testing accommodations and received an email from DRC that my request was denied.

☐ I applied for testing accommodations and received an email that my request was approved by DRC and a copy of the TASC™

   Accommodations Approval Letter has been uploaded into my electronic examinee portal, which can be accessed using my UUID.

TASC™ Test Application - **Continued (Page 6 of 6)**

Print and mail this completed application to the Test Center where you would like to test.		
First Name (Legal Name):	Middle Initial	Last Name (Legal Name):

Applicant (18 years and older) Signature and Certification for All First Time and Returning Applicants

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 to score each subtest and share the results of 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.

I understand that if I provide a valid email address, question 7 on page 4 of this application, that I will be able to view my unofficial TASC™ test scores on the DRC TASC™ Test State Portal.

I understand that I have reached the "maximum compulsory school attendance age" if I am sixteen (16), or seventeen (17) in some regions of New York State, and that I must document age eligibility criteria if I am under age nineteen (19) by the first day of the test.

By signing below, I agree to the items and conditions, as noted above, in this section of the application.

APPLICANT SIGNATURE: _____   DATE: _____ /_____ /_____

Parent or Guardian Signature (Required for all Test Applicants under the age of 18)

I am verifying that the information contained in the application for my son or daughter, for whom I am the legal parent/guardian, is true to the best of my knowledge. I give permission for my son or daughter to take the TASC™ test, DRC 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 submitted.

I understand that if my son or daughter provides a valid email address, question 7 on page 4 of this application, he or she will be able to view their unofficial TASC™ test scores on the DRC TASC™ Test State Portal.

I understand that my son or daughter must have reached the "maximum compulsory school attendance age" if sixteen (16), or seventeen (17) in some regions of New York State, and that my son or daughter must document age eligibility criteria if he or she is under age nineteen (19) on the first day of the test.

By signing below, I agree to the items and conditions as noted above, in this section of the application.

PARENT OR GUARDIAN SIGNATURE: _____   DATE: _____ /_____ /_____

END of APPLICATION

General Information on

New York State TASC™ Test Taking Processes

Applicants under Age 19 (Maximum Compulsory School Age Attendance):

Applicants who are age sixteen (16) or seventeen (17) on 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 on 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 age 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 for review and decision. For information see:https://tasctest.com/demo-home/test-takers/taking-tasc-test/accommodations-for-disabilities. If approved for testing accommodations, applicants must provide the Test Center the TASC Accommodations Approval Letter before being scheduled to test. Once applicants are approved for testing accommodations, they do not need to reapply for the same testing accommodations, but it is very important to keep a copy of the Accommodations Approval letter in case it is necessary 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 Test Center, they will receive a testing ticket for Computer Based testing (CBT) or an admissions 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 Test 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 Test Center.

Applicants must take each scheduled subtest. DRC then scores each of these subtests. The unofficial scores for each subtest can be viewed by examinees on the DRC 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 or transcript) was produced. The Status Report provides data on whether an examinee has obtained a high school equivalency diploma.

A Review of New York State TASC™ Testing Policies

Information at: http://www.acces.nysed.gov/what-hsetasc-test

Applicants must complete and mail the application in this packet to the Test Center where they wish to take the TASC™ test.	The TASC 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 to earn a New York State High School Equivalency diploma. The subtests include: Writing; Social Studies; Science; Reading; and Mathematics.

There is also an alternate pathway, the Regents-HSE Exam pathway, for those who have previously passed one or more Regents exams, which can be used in conjunction with TASC subtests. Attachment R information link: http://www.acces.nysed.gov/hse/regents-hse-exam

Examinees must wait a minimum of sixty (60) calendar days from the fist 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 on the first day of testing must meet additional age eligibility criteria.	A test session is generally administered within an eight (8) calendar day period.
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 for review and a decision. See: https://tasctest.com/demo-home/test-takers/taking-tasc-test/accommodations-for-disabilities/