

**VERIFICATION FORM FOR NEW YORK STATE TASC™ APPLICANTS 17 OR 18 YEARS OF AGE WHO ARE
 CONFINED TO A FACILITY OR INSTITUTION OR ARE ADJUDICATED YOUTH**

NOTE: These are residents who are confined to a narcotics addiction control center, a New York State Office of Children and Family Services (NYSOCFS) facility, a county jail, detention center or a New York State Department of Correctional and Community Supervision (NYSDOCCS) facility, are patients in a hospital in New York State **OR** youth who are adjudicated or under the direction of a prison, jail, detention center, court, parole or probation office.

ALL SECTIONS TO BE COMPLETED BY FACILITY, INSTITUTION OR AGENCY IN BLUE INK

Program Information	Name of Facility/Institution/Agency		Test Center Code
	Address (Street/P.O. Box)		
	City	State	Zip Code

Applicant Information	Fill in the name, Social Security Number, age and date of birth of the applicant. An official at the institution must complete all sections and affix its official seal or stamp. Attach this <i>Attachment-E</i> to the applicants completed and signed <i>Attachment A (Application for TASC™ Testing)</i> .			
	Last Name		First Name	Middle Initial
	Social Security Number or Government ID	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Age	Date of Birth ____/____/____ mm dd yyyy
	Address	City	State	Zip Code

Official Authorized Signature	By signing below, I verify that the above named applicant has reached “maximum compulsory school attendance age*” and is confined to the above named facility or institution, or is an adjudicated youth under the direction of court, parole or probation. I also verify that the high school equivalency diploma is an essential part of the rehabilitation process and the applicant demonstrates readiness to test.	
	_____	_____
	Type Name	E-mail
	_____	(____) _____
Title	Phone Number	
_____	_____	
Authorized Signature from Facility/Institution	Date	

Place
Official
Seal or
Stamp
Here