The University of the State of New York
THE STATE EDUCATION DEPARTMENT
GED Testing Office
P.O. Box 7348
Albany, New York 12224-0348
(518) 474-5906

ATTACHMENT A

APPLICATION FOR GED TESTING

If any section of this application is incomplete or cannot be read, the application will be returned to the candidate.
This will cause a delay in scheduling a test date. **Mail or bring this application to a <u>local</u> test center.**
<u>Do not send it to the GED Testing Office in Albany.</u>

Candidate Information   *PLEASE PRINT CLEARLY IN INK*

1. Social Security Number	2. Preparation Program Name (if applicable)	Preparation Program Code
☐☐☐ – ☐☐ – ☐☐☐☐		☐☐☐☐☐

3. Name: Last Name   First Name   Middle Initial

4. Address (Street/P.O. Box)   Apartment Number

5. City   State   Zip Code

6. Telephone Number (___) _____ _____ Area Code Number	7. Date of Birth Month Day Year	8. Age	9. Gender Male ☐ Female ☐	10. In which language do you wish to be tested? *Check <u>one</u>* English ☐ French ☐ Spanish ☐

11. Name of Last School Attended   Address   City   State

Previous Test Information

12. Have you previously taken the GED test in New York State?	☐ YES ☐ NO	If "YES," complete items 13-17. If "NO," go to item 18.

13. What name did you use at that test?
➡ _____
                    Last Name   First Name   Middle Initial

14. Identification Number Used	15. Test Center & Location	16. Date(s) & Year(s)	17. Form(s) of Test(s) Taken

Requested Test and Location Dates

Select your preferred choice for test center and date(s) for taking the GED test. Make your choice from the list of test centers in the GED Testing Schedule. Print the name of the test center and the date(s) you wish to test on the lines below.

18**. TEST CENTER** _____19. **TEST DATE – FIRST CHOICE_____ ___SECOND CHOICE_____**

20. Are you applying for accommodations to the procedures for administering the GED test because of a disability ☐ NO or for religious observation? (If no, go to item 21) ➡	☐ YES	If "YES" and this office has <u>already authorized</u> accommodations for you, enclose a copy of the approval letter with your application.

If "YES" and this office <u>has not already authorized</u> accommodations, you must enclose with your application documentation to support your need for the accommodations by using the appropriate *Request for Testing Accommodations* form or a confirmation letter from your religious institution. Please send your application and accommodation request to your **local test site.**

Eligibility Information

21. Are you 19 years of age or older? ➡ ❑ YES If "YES," go to item 23. ❑ NO	If "NO," go to item 22. You must obtain the appropriate documentation and include the appropriate attachment with this application identifying the eligibility criteria you meet. (B-2 – B-8, C-2, C-3)

Eligibility for persons <u>under the age of 19 only</u>.

22. Please use a check mark (✔) to indicate **ONE** eligibility category you meet and <u>attach</u> documentation.

☐ B2 One year has passed since you were last legally able to leave high school and enrolled in a full-time high school program of instruction; **or**

☐ B3 You were a member of a high school class that has already graduated; **or**

☐ B4/C2*You are enrolled in an Approved Alternative High School Equivalency Preparation Program; **or**

☐ B5/C3*You have been accepted into the U.S. Armed Forces, or you have been accepted into a college, university or accredited post secondary institution; **or**

☐ B6 *You are a member of the Job Corps; **or**

☐ B7 *You are incarcerated/institutionalized; **or**

☐ B8 *You are an adjudicated youth under the direction of a prison, jail, detention center, parole or probation officer.

☐ B9 *You are at least 17 and have been home schooled.

*You must also have reached "maximum compulsory school attendance age" (The school year [July 1–June 30] in which you turned 16 has ended.)

Permission to Release GED Test Scores

23. ❑ YES ❑ NO Do you give permission to have your test results/scores given to your GED preparation program and/or test center listed on this application?

CANDIDATE SIGNATURE _____ DATE _____

Certification/Affidavit

24. I understand that my eligibility for GED testing will be determined based on the information provided on this application and on any enclosed documentation. If any of this information is incorrect and, based on my prior testing record, it is subsequently determined that I did not meet the eligibility requirements on the date that the test session began, I understand that <u>my test will not be scored</u>. I do hereby certify, subject to the penalty for perjury, that the information given on this form and on any enclosures is true to the best of my knowledge and belief.

CANDIDATE SIGNATURE _____ DATE _____

Permission of Parent/Guardian (if candidate is under 18)

25. By signing below I am verifying that the information on this application is true. In addition, I give permission for my son/daughter (circle one) named _____, to take the GED test and to have his/her (circle one) test results given to the GED preparation program and/or test center listed on this application.

PARENT SIGNATURE _____ DATE _____