

The University of the State of New York  
**THE STATE EDUCATION DEPARTMENT**  
 High School Equivalency Program  
 P.O. Box 7348  
 Albany, New York 12224-0348  
 (518) 474-5906

## APPLICATION FOR GED TESTING

**Important:** If any section of this application is incomplete or cannot be read, the application will be returned. Processing will be delayed or suspended.

**Candidate Information**

**PLEASE PRINT CLEARLY IN INK**

<b>1. Social Security Number</b> <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>		<b>2. Preparation Program Code</b> <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>		<b>Program Name</b> <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>	
<b>3. Name</b> (Last Name)		<b>First Name</b>		<b>Middle Initial</b>	
<b>4. Address</b> (Street/P.O. Box)				<b>Apartment Number</b>	
<b>5. City</b>		<b>State</b>		<b>Zip Code</b>	
<b>6. Telephone Number</b> (____) _____ <small>Area Code                      Number</small>	<b>7. Date of Birth</b> ____/____/____ <small>Month    Day    Year</small>	<b>8. Age</b>	<b>9. Gender</b> MALE    FEMALE <input type="checkbox"/> <input type="checkbox"/>	<b>10. In Which Language Do You Wish To Be Tested?</b> <p style="text-align: center;"><b>Check One</b></p> English    Spanish    French <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>11. Have you previously tested for the New York State High School Equivalency Diploma?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If "NO" go to item 13.</i>			<input type="checkbox"/> YES    If "YES" you must record the information requested below from your most recent <u>Ineligible Notice/Unsatisfactory Score Report</u> . If you do not know the Test Center and/or Date that you took the test(s), give the approximate location and date.		
What name did you use at that examination    ➔ _____ <div style="display: flex; justify-content: space-around; width: 100%; margin-top: 5px;"> <span>Last Name</span> <span>First Name</span> <span>Middle Name</span> </div>					
<b>IDENTIFICATION NUMBER</b> <i>(at the last exam)</i>	<b>TESTING CENTER</b> <i>(at last test)</i>	<b>DATE OF THE LAST TEST</b>	<b>FORM(S) OF TESTS TAKEN</b>		

### 12. Requesting Test Dates and Locations

From the New York State High School Equivalency Program Testing Schedule, select your preferred choice for test center and date for taking the GED Tests. Then, print below test center and test date. Mail your application to the test center where you wish to test. You will hear from them when to appear for testing.

TEST CENTER \_\_\_\_\_ TEST DATE \_\_\_\_\_

<b>13. Are you applying for Special Modifications of the procedures for administering the GED tests because of a disabling condition?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES    If "YES" and this office has <u>already authorized</u> special test modifications for you, enclose a copy of the authorization letter with your application.
If "YES" and this office has <u>not already authorized</u> special test arrangements for you, you must enclose with your application a letter specifying what arrangements or modifications are necessary, and documentation to support your need for the special arrangements you are requesting. Please send your application and documentation to the address at the top of this form.	

**Eligibility Information**

14. Are you 19 years of age or older?     YES     NO    If "NO" you must attach to this application an appropriate letter identifying which eligibility criteria you meet (see below for list)

**Eligibility for persons under the age of 19 only**

Please darken **ONLY ONE** eligibility category you meet and attach documentation

- A. One year has passed since you were last enrolled in a full-time high school Program of Instruction, or
- B. You were a member of a high school class that has already graduated, or
- C. You are enrolled in an approved alternative high school equivalency program, or
- D. You have been accepted into the U.S. military, or
- E. You have been accepted into a college, or
- F. You are incarcerated/institutionalized, or
- G. You are a member of the Job Corps.

**Permission to Release GED Test Scores**

---

15.     YES     NO    I give my permission to have my test results/scores given to my GED preparation program/test center listed on this application.

CANDIDATE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(If candidate is under 18)

---

16. I understand that my eligibility for GED testing will be determined based on the information provided on this application and on any enclosed letters. 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 my test will not be scored.

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 \_\_\_\_\_

---

 *Return Application To The Test Center Of Your Choice* 