

**VERIFICATION FORM FOR
 NEW YORK STATE GED TEST 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, Office of Children and Family Services (OCFS) facility, jail or Department of Correctional Services (DOCS) facility or are patients in a hospital in New York State **OR** youth who are adjudicated under the direction of a prison, jail, detention center, parole or probation officer.

Program Information

PLEASE PRINT CLEARLY IN INK

Name of Facility/Institution/Agency	Test Center Code <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			
Address (Street/P.O. Box)				
City	State	Zip Code		

Applicant Information

Last Name	First Name	Middle Initial																															
Social Security Number <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>											Age	Date of Birth <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td align="center" colspan="3">Month</td> <td align="center" colspan="3">Day</td> <td align="center" colspan="4">Year</td> </tr> </table>											Month			Day			Year				GED Practice Test Score (if applicable) <hr style="width: 80%; margin: 0 auto;"/>
Month			Day			Year																											

Official signature

By signing below, I verify that the above applicant is confined to the above named facility or institution, or is an adjudicated youth and has reached "maximum compulsory school attendance age." Maximum compulsory school attendance age is reached when the school year in which the student turns 16, (or such older maximum age as the board of education of the school district may designate for required school attendance pursuant to section 3205(3) of Education Law) has ended (June 30). I also verify that the high school equivalency diploma is an essential part of the rehabilitation process and the applicant demonstrates readiness to test.

Signature of Facility/Institution Director

Print or Type Director's Name

Date

