

TASC™ Post Test Candidate Verification Form – NYS TASC™ Testing Office

Instructions: Include all candidates from your preparation program officially referred to the TASC™ test. Approximately four weeks after each testing date in which your program's students have tested, fax form to [518] 474-0319. Each candidate's information will be verified on the NYSED TASC™ data base to ensure the accuracy of preparation program TASC™ pass rates.

Preparation Program Name and Address:

Five-Digit TASC® Preparation Program Code:

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Contact Person Signature:

Official Program Contact Person:

Phone Number:

Phone Number:

Email:

Email:

Referred Test Candidates:				Readiness Test Score					Three-Digit Test Center Code	Test Date: Month-Day-Year
Last Name:	First Name:	Date of Birth	Social Security	Math	Writing	Reading	Science	Social Studies		