



THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234

OFFICE OF INSTRUCTIONAL SUPPORT AND DEVELOPMENT
GED TESTING
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SUPPLY REQUEST FORM

New York State High School Equivalency Preparation Program GED Testing Authorization Form (TAF)

Date _____

Prep Program Administrator _____

Prep Program Code

GED PREPARATION PROGRAM NAME AND ADDRESS:

QTY. REQUESTED _____

Fax (518) 408-1542

**NOTE: Please fax GED preparation program Candidate Referral Forms to
Attention: Ann Marie Latham 518 – 474 - 3041**