GED® Post Test Candidate Verification Form – NYS GED® Testing Office

Instructions: **Include all candidates from your preparation program officially referred to the GED® test. Approximately four weeks after each testing date in which your program's students have tested, fax form to [518] 473-3859. Each candidate's information will be verified on the NYSED GED® data base to ensure the accuracy of preparation program GED® pass rates.**

Preparation Program Name and Address:

Five-Digit GED® Preparation Program Code:

Contact Person Signature:

Official Program Contact Person:

Phone Number:

Phone Number:

Email:

Email:

Referred Test Candidates: Last Name: First Name		Date of Birth	Social Security	Candidate OPT Score	Three-Digit Test Center Code:	Testing Date: Month-Day-Year