

**Northern Essex Community College  
Center for Adult Alternative Studies**

**DSST Registration/Admission Form**

1. Last Name:			First Name:		
2 Signature:					
3. Social Security Number: _____ - _____ - _____			4. Birth Date: _____ / _____ / _____		
5. Height:	6. Weight:	7. Sex: Male: <input type="checkbox"/> Female: <input type="checkbox"/>		8. Color of Hair:	9. Color of Eyes
10. Street Address:			City, State, Zip:		
11. Daytime Telephone Number:			12. Test Center Name: Northern Essex Community College		
13. Test you are registering for:					
14. Test date you are registering for:					
_____			_____		
First Choice Test Date (mo./day/yr.)			Second Choice Test Date (mo./day/yr.)		
<b>DSST Test Center Admission Form</b>					
1 Signature:			2. Social Security No.:		
3. Birth Date:	4. Height:	5. Weight:	6. Sex: M F	7. Color of Hair:	8. Color of Eyes:
Your Mailing Address:			City: _____ State: _____		
Street:			Zip: _____		
Do not write in this space: Report at: _____ Room # <u>B126</u>					
Time _____ Date _____					
Address: <u>100 Elliott Street, Haverhill, MA 01830</u>					
Signature of _____					
Test Center Administrator: _____			Phone No.: <u>978-556-3448</u>		