

GED® Test/Adult Ed Class Parent/Guardian Permission Form

Student Information

Name: _____ Date of Birth: _____

School Information

Former School

Name (enter N/A) if unknown: _____ City/State: _____

Withdrawal Date: _____ Check one of the following: Public School Non-Public/Out-of-State School

Parent/Guardian Certification

I certify that I am the parent/legal guardian of the above student who last attended and has officially withdrawn from the above educational institution. By signing below, I hereby grant this student permission to take the GED® test and/or attend GED/Adult Education classes.

Signed this _____ day of _____, _____

Signature: _____ Print Name: _____

Title (i.e., Parent, Principal, Guardian): _____ Phone Number: _____

Email: _____

Notary Acknowledgement

State of _____ County of _____

On this day, personally appeared before me (Parent/Legal Guardian Name): _____

To me known to be the person(s) described in and who executed the within and foregoing instrument and acknowledged that he/she signed the same as his/her voluntary act and deed, for the uses and purposes therein mentioned.

Witness my hand and official seal here to affixed this _____ day of _____, _____.

Print Name: _____ Signature: _____

My Commission Expires: _____

Affix Notary Seal Below