RELEASE FORM FOR 16 AND 17 YEAR-OLD STUDENTS
For Adult Education Enrollment and/or General Educational Development (GED) Testing

1. Applicant’s Name: __________________________________________ Date: ____________________

2. Applicant’s Social Security Number: __________________________

3. Applicant’s Date of Birth: __________________________________

4. Last school attended (include school site, district and state): __________________________________

5. In what month/year did you last attend school? __________________________

6. Last grade completed: _______________ 7. Telephone number __________________________

To be completed by the parent/guardian:

I hereby affirm that I am the (circle one) Parent  Guardian of the above applicant, who is a legal resident of the __________________________ School District; and I agree that it is in his/her best interest to attend adult education classes and/or to take the GED Tests.

________________________________________
Signature of Parent/Guardian

To be completed by a school administrator:

The Administration of the __________________________ School District is in concurrence with the above statement and certifies that the above applicant is not currently enrolled in school.

________________________________________
Signature of Principal or Superintendent

Subscribed and sworn to before me this ___________ day of ____________, ____________.

________________________________________
Notary Public Signature

My Commission expires the ___________ day of ____________, ____________.

To be completed by the Chief Examiner or Adult Learning Center (ALC) Director:

I approve the above candidate for GED Testing.

________________________________________
Name of Chief Examiner or ALC Director

________________________________________
Name of GED Candidate’s Testing Site

August 2014