

Vermont GED Testing Permission Form

**** Applicants under 18 years of age of must have the permission of a Parent or Guardian to take the GED tests. ****

Please print and fill out all information - including street, town, state and zip code. Examinees must sign at the bottom of the form.

Once this form is signed by a parent/guardian, please request that an **encrypted message** be set up for you by Miranda Scott at AOE.GEDInfo@vermont.gov, through which you can securely submit this completed form. After the form is received, you will be unblocked from scheduling a test, and allowed to continue scheduling. You will receive a notification alert from GED.com letting you know you can proceed with scheduling.

Date: _____

Testing Site: _____

First Name: _____ Middle: _____

Last Name: _____

Date of Birth: _____ Male: _____ Female: _____

Telephone Number: (____) _____

Email Address: _____

Are you currently enrolled in high school? Yes _____ No _____

Last School attended (school name, town, and state): _____

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_____ has my permission to take the GED tests. I understand that in order to take the GED tests, she/he must not be enrolled in high school.

Signature of parent/guardian: _____

Date: _____

I hereby certify that the above information on this form is true to the best of my knowledge and belief.

Examinee Signature: _____

Date: _____