

## **Vermont GED Testing Permission Form**

**\* Applicants under 18 years of age 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 it must be faxed to (802-828-6430) attention Miranda Scott. 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 or 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:** \_\_\_\_\_