



Ohio GED Test Application



APPLICATION VALID FOR
120 DAYS FROM APPROVAL DATE
Items one to 18 MUST be filled out

1. Applicant ID: • •

Enter your Social Security number or create an Applicant ID. To create an ID, use the first three digits of your ZIP code and the month, day and year of your birth date. For example, if your ZIP code is 43209 and your birth date is 08-20-1959, your Applicant ID number would be 432-08-2059.

2. Name: _____
First Middle Last Suffix (Sr., Jr., etc.)

3. Male Female

4. Date of Birth: _____ / _____ / _____ If under the age of 19, you **MUST** complete the age waiver form.
Month Day Year If under the age of 18, you **MUST** complete the parental consent form.

5. Mailing Address: _____ Apt. or Suite # _____

6. City: _____ Ohio County: _____ State: _____ ZIP Code: _____ - _____

7. Phone number: (____) _____ - _____ E-mail Address (optional): _____

8. Are you a resident of Ohio? Yes No

Only Ohio residents can earn an Ohio High School Equivalence Diploma. Non-residents who pass the GED in Ohio will receive a GED transcript that can be transferred to the test taker's home state, county or province.

9. Last school you attended: _____
School/District City State

Educated at school Educated at home

10. Highest level of education completed:

None K-3 4 5 6 7 8 9 10 11 12 12+

11. Calendar year you withdrew from school: _____ Did you receive a U.S. High School Diploma? Yes No

12. Have you previously taken the GED test? Yes No

(A maximum of three GED tests are permitted each calendar year.)

If Yes, what city? _____ What state? _____ What year? _____

13. Have you taken the GED test under any other last name? Yes No

If Yes, what name? _____

14. Are you in a Veterans' Administration hospital? Yes No If Yes, confirmation must be attached for free testing.

15. Do you need accommodations for a learning disability, ADD, ADHD, physical disability (temporary or permanent), or emotional or mental health condition (temporary or permanent)? Yes No

(A separate form must be completed for accommodations. Please call (800) 334-6679 for directions.)

16. OHIO RESIDENTS ONLY: Are you applying for a fee waiver? Yes No If yes, what is the name of your Fee Waiver Site? _____

17. Race and ethnic background (check one):

- American Indian or Alaska Native Black, African American, African descent Native Hawaiian or Pacific Islander
- Asian Hispanic Origin or descent White, Caucasian

18. Reason for testing (check all that apply):

- Continue education Military Court order
- Job Home schooled Other
- Role model Immigrant

Application Fee: A \$55 MONEY ORDER or BUSINESS CHECK made payable to OHIO TESTING SERVICES must accompany this application unless a current fee waiver form is attached (see question #16). **The application fee cannot be refunded.**

The GED Testing Service may contact me for follow-up research. Yes No

The GED Testing Service may use the information collected on this form for research purposes as long as my identity is never revealed. Yes No

Candidate verification

I hereby affirm that the information contained on this form is accurate and that I have met the eligibility requirements for the GED test. Yes No

*****YOUR SIGNATURE MUST BE NOTARIZED *****

Signature of Applicant: _____ **Date:** _____

Signed in the presence of notary:

Notary's Signature: _____

Subscribed and duly sworn to before me according to law, by the applicant this _____ day of _____, 20____
 City of _____ County of _____ and State of _____

Notary Public Stamp **My Commission Expiration Date:** _____

<p>MAIL TO: GED Application Office 25 S. Front St., 1st Floor Columbus, OH 43215</p>	<p style="text-align: center;">OFFICE REGISTRATION</p> <p>ID Shown _____ <small>(Must be valid DL, Passport or Ohio Picture ID Card)</small></p> <p>ID # _____</p> <p>CLERK'S INITIALS _____</p>	<p style="text-align: center;">OFFICE USE ONLY</p> <p>RECEIVED _____</p> <p>ENTERED _____</p> <p>WAIVER MONEY ORDER</p>
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