<u>A Picture Identification Card</u> (driver's license, passport, military, or other forms of government ID that show name, address, date of birth, signature, and photograph) will be required at time of testing 

 Reason For Taking GED Tests

 (Please Check One)
 \_\_\_\_\_\_\_

 To enroll in college
 \_\_\_\_\_\_\_

 For employment
 \_\_\_\_\_\_\_

 Military Service
 Other

## HINDS COMMUNITY COLLEGE Application for GED Tests

Date: _								
1.	Name of Applicant: _				Sex			
		Last	First		Middle			
2.	Home Address:							
3.	(Stree County you live in:	/	(City)	_	(State)		(Zip Code)	
4.	Present Address (If Di	fferent):						
5.	I have lived in Mississ			Telephone No:				
6.	Date of Birth:	- Day - Year	Social Sec	curity N	o:			
7.	Are you presently enro	Yes	No	If no, date	dropped:			
							Month/Day/Year	
8.	Name of last K-12 sch	ool attended:						
9.	City and State of last K-12 school attended:							
10.	Highest grade completed: Year grade was completed:							
11.	Did you attend any classes to prepare for the GED Tests: Yes No							
12.	If you checked 'Yes' to #11, what adult education program did you attend?							
13.	I hereby authorize the high school listed above to release information from my school records.							
14.	The signature below must be witnessed by a Notary Public. (If not 18 or older the signature of a parent or							
	legal guardian is requi	-	5			C	Ĩ	
	(Sig		. <u> </u>	(Signature of Pa	rent or Le	egal Guardian)		
	Sworn to before me th	is day of	20	)				
				Signed				
				-		(Notary	Public)	
15.	I plan to take the tests	at						
	(Name of Testing Center)							

Directions: Minimum age for testing is 18 years. Completed applications should be sent directly to the GED Testing Center indicated in item 15.

I fully understand that I can only take the GED Tests three times per calendar year.

For additional information contact your local GED Testing Center.

Revised 11-12-03