

New Hampshire **GED**® Testing Program  
**GED Referral Form 3-For Home Schooled Students**  
**Permission for GED Testing and Release of Information**

To: GED Chief Examiner at \_\_\_\_\_ GED Testing Center

**From agency notified of home schooling**

**I certify that my agency has been notified of the home schooling of the student named below and that this student has completed the home schooling program and is eligible to take the GED Tests.**

Agency notified of home schooling: (Please check one.)

New Hampshire Department of Education     Local School District     Private School

Name of Agency \_\_\_\_\_

Student name \_\_\_\_\_ Student date of birth \_\_\_\_\_

Student SASID number if applicable \_\_\_\_\_

**Signature** \_\_\_\_\_ **Telephone** \_\_\_\_\_  
Signature of Appropriate Official or Designee from Agency Notified of Home Schooling

**Date** \_\_\_\_\_

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**Parental permission**

I am attaching an Official Practice Test score report to show that this student has passed all five GED practice tests with scores averaging 450 or above and with no test score below 410.

I hereby grant permission for this student to take the GED Tests.

Name \_\_\_\_\_

Mailing address \_\_\_\_\_

\_\_\_\_\_

**Signature** \_\_\_\_\_ **Telephone** \_\_\_\_\_  
Signature of Parent or Guardian

**Date** \_\_\_\_\_