

Ohio GED® Consent Form

Computer Based Test



Applicant Name _____
Please Print

Date of Birth _____

Applicant Address _____ City _____

State _____ Zipcode _____ Phone Number _____

NOTE: If you are 16 or 17 years of age, this form must be completed and the original sent to the GED Office with a copy of the withdrawal form signed by the administrator.

I, _____
Parent/Guardian or Court Official Signature Parent/Guardian or Court Official Printed Name Date
(if under 18)

grant consent for _____, _____,
Print Applicant Name Date of Birth

to take the Official General Education Development (GED) Test.

Relationship to Applicant:

Parent Guardian (**Please attach copy of court order appointing guardianship or emancipation.**)

Court Official (**Please attach a copy of court order.**)

NOTARY:

Subscribed before me in the City of _____ County of _____,

State of _____, United States of America, this _____ day of _____,

20 _____.

Notary Signature _____

NOTARY PUBLIC STAMP _____ My Commission Expiration Date: _____

If you applied online, please mail one copy of the Confirmation Sheet with this completed form to:

State of Ohio GED Office
Ohio Department of Education
25 S. Front St., MS 622
Columbus, OH 43215