

VERIFICATION FORM FOR NEW YORK STATE GED TEST APPLICANTS 17 OR 18 YEARS OF AGE

NOTE: This form is to be used by GED test applicants aged 17 or 18 who have not attended a regular full-time high school program for one year or more, or whose high school class has already graduated or who have been home schooled. It must be completed by an official of the school district last attended by the applicant.

PLEASE PRINT CLEARLY IN INK

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| To be Com plet ed by Ap pli ca nt | <ul style="list-style-type: none"> ❖ Fill in your name, Social Security number, age and date of birth. ❖ Have an official at the school you last attended complete the section below. ❖ Attach this original Verification Form to your completed and signed "<i>Application for GED Testing.</i>" | | | | | | | | | | | | | | | | | | | |
| | Last Name | First Name | Middle Initial | | | | | | | | | | | | | | | | | |
| | Social Security Number | Age | Date of Birth | | | | | | | | | | | | | | | | | |
| | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> | | | | | | | | | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> | | | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> | | | | | | | |
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| | Month | Day | Year | | | | | | | | | | | | | | | | | |

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| To be Com plet ed by Sc ho ol Off ici al | <ul style="list-style-type: none"> ❖ Fill in your school's information below. ❖ Check and complete the statement that applies to the above candidate. ❖ Sign, date and provide your title. ❖ Affix school's official seal or stamp in the space provided. | | |
| | School Name | Phone Number () | |
| | Address | City | |
| | | State | Zip Code |
| | <input type="checkbox"/> <i>By signing below, I am verifying that * _____ was the last day of attendance, dismissal or discharge of the above-named individual and that he or she has not been a regularly enrolled student since that time. *This date <u>cannot</u> be prior to June 30th of the school year in which the candidate reached "maximum compulsory school attendance age" (turned 16 or such older maximum age as the board of education of the school district designates for required school attendance pursuant to Section 3205(3) of Education Law).</i> | | |
| | OR | | |
| | <input type="checkbox"/> <i>By signing below, I am verifying that the above-named individual did not complete requirements for graduation with the class of _____ (based on his or her ninth-grade enrollment) that will graduate or graduated on _____.</i> | | |
| OR | | | |
| <input type="checkbox"/> <i>By signing below, I am verifying that the above-named individual has been home schooled and has reached "maximum compulsory school attendance age." (The school year in which he or she turned 16 or such older maximum age as the board of education of the school district designates) has ended (June 30).</i> | | | |
| Name of School Official (PLEASE PRINT) | | <div style="border: 2px solid black; border-radius: 50%; width: 100px; height: 100px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <div style="text-align: center;">Place Official Seal Here</div> </div> | |

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|--|------------------------------|------|
| | Title of School Official | |
| | Signature of School Official | Date |