

APPLICATION FOR GENERAL EDUCATIONAL DEVELOPMENT (GED®) TESTING

Oklahoma State Department of Education
Lifelong Learning Section

If you answer yes to any of the following, you are **not** eligible to take the GED Tests.

- a. Are you currently enrolled in high school? _____
- b. Have you received a high school equivalency certificate/diploma from any state, province, or outlying territory? _____
- c. Did you graduate from an **accredited** high school in the United States or Canada? _____
- d. Are you 17 years of age or younger? _____ If yes, you must complete a Release Form for 16- and 17-Year-Old Students and submit the form with this application.

1. Name: _____
 First Middle Last Maiden Name
2. Are you an Oklahoma resident? _____
3. Address: _____
 Street/Mailing Address City State Zip
4. Date of Birth: _____ Age: _____
 MM/DD/YYYY
5. Sex: Male () Female ()
6. Social Security Number: _____
7. Telephone number (include area code): (_____) _____
8. Last school attended (include school site, district and state): _____
9. Last grade completed: _____
10. I certify that the answers to the above questions are true to be the best of my knowledge and belief. I further certify that I have read and fully understand all items in the above application.

Signature of Applicant

GED Examiner/Adult Learning Center Director

Name of GED Testing Center

Testing accommodations are available upon request.

On December 13, 1978, the Attorney General ruled that the records of the State Board of Education relating to the GED High School Equivalency Certificate program are public records.

**RELEASE FORM FOR 16 AND 17 YEAR-OLD STUDENTS
For Adult Education Enrollment and/or General Educational Development (GED®)
Testing**

Oklahoma State Department of Education
Lifelong Learning Section

1. Applicant's Name: _____ Date: _____
2. Applicant's Social Security Number: _____
3. Applicant's Date of Birth: _____
4. Last school attended (include school site, district and state): _____
5. In what month/year did you last attend school? _____
6. Last grade completed: _____

To be completed by the parent/guardian:

I hereby affirm that I am the (circle one) Parent Guardian
of the above applicant, who is a legal resident of the _____ School District;
and I agree that it is in his/her best interest to attend adult education classes and/or to take the GED Tests.

Signature of Parent/Guardian

To be completed by a school administrator:

The Administration of the _____ School District is in concurrence with the
above statement and certifies that the above applicant is not currently enrolled in school.

Signature of Principal or Superintendent

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public Signature

My Commission expires the _____ day of _____, _____.

To be completed by the Chief Examiner or Adult Learning Center (ALC) Director:

I approve the above candidate for GED Testing.

Name of Chief Examiner or ALC Director

Name of GED Candidate's Testing Site

RELEASE FORM FOR GED SCORES AND CERTIFICATE

Return to: GED Office
Lifelong Learning Section
Oklahoma State Department of Education
2500 N. Lincoln Blvd., Rm. 115
Oklahoma City, OK 73105-4599

1. Full name at time of testing:

2. Birth Date: _____

3. Testing Site: _____

4. Test Date: _____

I hereby authorize the Lifelong Learning Section of the Oklahoma State Department of Education to release my GED scores and/or GED certificate to the following:

Choctaw Nation of Oklahoma

Adult Education Program

P.O. Box 1210

Durant, OK 74702-1210

Signature of Examinee

Date