

Please read the following test regulations carefully. If you have any questions, please call our office at 717.606.1363

Registration

1. All GED Test candidates **MUST** register and make payments in **PERSON ONLY** by the deadline indicated on the GED testing schedule. GED test regulation is done at the Lancaster CareerLink, 1016 North Charlotte Street, Lancaster, PA 17603 from 8:30 AM – 4 PM, Monday through Friday in order to be registered for the GED Test.
2. You must be a Pennsylvania resident to register for the GED test. A PA driver's license or non-license photo ID issued by the PA Department of Transportation must be presented both at the time of registration and at the time of testing.
3. You must be at least 18 years of age to register for the GED test. Individuals who are 16 or 17 years of age may be permitted to test under certain circumstances. If you are 16 or 17 years of age, please ask GED staff members about the documentation you will need prior to registration.
4. Test slots are filled on a first-come, first-served basis and spaces for testing will not be held pending registration or payment.
5. I hereby acknowledge that the GED Testing Service regulations prohibit taking any of the GED Tests more than three times during any calendar year. (January 1 to December 31). I affirm/certify that I have not already taken the GED Tests more than twice during this year in any state.
6. I understand that scores on any GED Tests taken more than three times during a year will be invalid and that if I violate this rule, I may be subject to an additional waiting period before being allowed to take the GED Tests again.

Payment

1. The full battery (all five sections) of the GED Test costs **\$125.00**. Individual sections can be taken at a cost of **\$30.00** each. You will need to know when you register which test you intend to take.
2. Checks or money orders are accepted as payment at the time of registration. Checks should be made payable to LLIU13. VISA, MasterCard, and Discover credit cards are also accepted. A receipt with the Test Date and Time will be issued to you.
3. **Payment is non-refundable.** Every month, the testing center has more people interested in testing than spaces available. When you register for the GED test you are purchasing a slot that cannot be given to anyone else. With one week's prior notice, you may re-schedule your testing date one time only. We cannot re-schedule your test with less than one week's notice.
4. Should extenuating circumstances occur, such as a death in the family or serious illness, you may request a one-time fee waiver by sending a written request and supporting documentation to the GED Chief Examiner, Lancaster-Lebanon IU 13, 1016 North Charlotte Street, Lancaster, PA 17603.
5. In case of inclement weather, check announcements concerning Lancaster-Lebanon IU 13 activities on WGAL-Channel 8 or you may call the office at 717.606.1363.

Testing

1. The GED testing center is located at the Lancaster CareerLink at 1016 North Charlotte Street, Lancaster, PA 17603.
2. Please remember to bring PA Photo identification and the receipt of test confirmation when you come to take the GED Test.
3. **It is important that you arrive 15 minutes prior to the GED test time. No one will be admitted once the testing session has begun.**
4. Personal belongings (including cell phones) will be placed in a storage area in the testing room. Please bring as little as possible to the testing room.

Enclose the signed form below with your application.

Certification of Understanding

I have read all of the GED test regulations and agree to comply with them. I understand that my payment is non-refundable.

Signature

Date

Printed Name

Amount Paid

\$

Check _____

Money Order _____

Credit card _____



GED Testing Program
Adult Education/GED Test Application Release
Lancaster County

**ONLY COMPLETE THIS SECTION IF YOU ARE BETWEEN
THE AGE OF 17 to 21 YEARS OF AGE**

Name of Home School District: _____

City and State of Home School District: _____

Year You Were Scheduled to Graduate: _____

Year You Withdrew from School: _____

Do you authorize the release of information about your GED scores to the School District listed above?

Yes

No

Name: _____
(Please print)

Signature: _____ Date: _____

Do you authorize the release of information about your GED scores to the following people or organizations?
Please check the appropriate boxes and sign your name.

Parent IU 13 Instructor Literacy Council

CareerLink Probation Welfare

Other _____

Name: _____
(Please print)

Signature: _____ Date: _____