



## **Vermont GED Testing Permission Form**

**\* Applicants under 18 years of age of must have the permission of a Parent or Guardian to take the GED tests.\***

Please print and fill out all information - including street, town, state and zip code. Examinees must sign at the bottom of the form.

Once this form is signed by a parent/guardian it must be faxed (802-479-1829) or emailed to [Robin.Castle@vermont.gov](mailto:Robin.Castle@vermont.gov) After the form is received, you will be unblocked from scheduling a test, and allowed to continue scheduling. You will receive a notification alert from GED.com letting you know you can proceed with scheduling.

Date: \_\_\_\_\_  
Testing Site: \_\_\_\_\_  
First Name: \_\_\_\_\_ Middle: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ (for verification purposes)  
Date of Birth: \_\_\_\_\_  
Male: \_\_\_ Female: \_\_\_  
Telephone Number: (\_\_\_\_) \_\_\_\_\_  
Email Address: \_\_\_\_\_

Are you currently enrolled in high school? Yes \_\_\_ No \_\_\_

Last School attended (school name, town, and state):  
\_\_\_\_\_

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\_\_\_\_\_ has my permission to take the GED tests. I understand that in order to take the GED tests, she/he must **not be enrolled** in high school.

**Signature of parent or guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I hereby certify that the above information on this form is true to the best of my knowledge and belief.

**Examinee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_