

WORKFORCE DEVELOPMENT

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UNDERAGE GED® TESTING WAIVER*For Students Attending School*

This form is required for any 16- or 17-year-old students currently attending public or private school wishing to take the GED® test.

PARENT/GUARDIAN PERMISSION**STUDENT NAME:** _____

Do not submit this form to the school district until:

- ☐ Your student has created an account at GED.com

I verify that the child named above is 16 or 17 years old, and I as parent or guardian of this child give permission for the child to take the GED® test.

PARENT/GUARDIAN NAME: _____**SIGNATURE:** _____ **DATE:** _____**AUTHORIZING INSTITUTION/DISTRICT****PLEASE CHECK ALL THAT APPLY:**

- ☐ The undersigned school administrator verifies that the child will not graduate with the child's cohort class because of credit deficiency;
- ☐ The undersigned court services officer authorizes the child to take the GED test;
- ☐ The undersigned official verifies that a court order has been received requiring the child to enter the GED program and is enclosing a copy of the court order;
- ☐ The undersigned official verifies that the child is under the direction of the Department of Corrections; or
- ☐ The undersigned official verifies that the child is enrolled in Job Corps as authorized by Title I-C of the Workforce Investment Act of 1998, as amended to January 1, 2009.

INSTITUTION/DISTRICT VERIFICATION

I verify the student named above is eligible to take the GED® test for the reason(s) marked above.

NAME: _____ **TITLE:** _____**INSTITUTION/DISTRICT:** _____**SIGNATURE:** _____ **DATE:** _____**SUBMISSION**

The school district or authorizing institution will submit this form to Barb.Unruh@state.sd.us