

## 16 and 17 Age Waiver for GED® Testing

*Personal Information*

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**DOB:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ \_\_\_\_\_  
**Phone:** ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_\_

*Requirements*

The following supporting documentations must be provided along with this form to the Pennsylvania Department of Education to meet the requirements of Title 22, §4.72, Pennsylvania Code.

Please check (✓) the appropriate box:

- 16 and 17 year old youth court ordered to take the GED® test
  - A copy of the court order
- all other 16 and 17 year old youth wanting to take the GED® test
  - **Letter from one of the following stating that passing the GED® test is required:**
    - Employer;
    - Institution of Postsecondary Education (College, University, Trade School, etc.);
    - Military Recruiter; or
    - Director of State Institution on behalf of residents, patients, or inmates.

I affirm that I am not currently enrolled in a high school program.

\_\_\_\_\_  
**Signature of Minor** **Date**

\_\_\_\_\_  
**Parent/Guardian Signature** **Date**

**Forward this form and supporting documentation to the PA Department of Education by one of the following methods:**

- 1. Email: (Preferred)** Scan form and supporting documentation and email to: RA-edhse@pa.gov
- 2. Fax:** Fax to: (717) 783-0583 Attention: High School Equivalency Administrator
- 3. Mail** Bureau of Postsecondary and Adult Education  
 Pennsylvania Department of Education  
 333 Market Street – 12<sup>th</sup> Floor  
 Harrisburg, PA 17126-0333  
 Attn: High School Equivalency Administrator