

GED[®] Test

Jurisdiction Price Change Request Form

Date Submitted: _____

Jurisdiction Name: _____

GEDTS State Relationship Manager: _____

Requested date for completion*: _____

Item	Current	Proposed	Comments
Price paid by Candidate per module			
Price paid by Candidate per battery			
Jurisdiction Fee			
List all Discounts: <ul style="list-style-type: none"> • DOC discount on Price paid by Candidate per module • Retake • Jurisdiction 			
Channel Comp (Compensation paid by Pearson VUE to the test center)**			

Additional notes and instructions: _____

*** Date of completion should be 90 days from the date of request.**

GEDTS SRM will add list of all impacted testing centers to this document and note any sites that should be deauthorized.

By completing and signing this form below, as GED Administrator[™] for the state of _____ (Jurisdiction), I represent I have the authority to authorize GED Testing Service to implement the price for the GED[®] test in the Jurisdiction as outlined on this Price Change Request Form.

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Name: _____

Signature: _____

Title: _____

Date: _____

FOR INTERNAL USE ONLY

Date of Approval/Receipt of MOU _____

Date Approved by GEDTS Finance: _____

Date Approved By VUE Channel _____

