

GED Form 2

First Name	Middle Name	Last Name	Suffix (Jr., Sr., etc.)
Social Security or Tax Identification Number	Date of Birth	Gender	Age
Street/P.O. Box	City	State	Zip Code
Phone Number	E-mail Address	Name and Location of Last School Attended	
Check all of the following that apply:			
<input type="checkbox"/> I am not enrolled in a public school or a private school registered with the State Department of Education.			
<input type="checkbox"/> I have not earned a secondary school diploma from a public school or a private school registered with the State Dept of Education.			
<input type="checkbox"/> I am a legal resident of Alabama.			
<input type="checkbox"/> I am eighteen (18) years of age or older.			
<input type="checkbox"/> I am sixteen (16) or seventeen (17) years of age, have officially withdrawn from a public, private, or church school and have the permission of a parent/guardian and the city/county superintendent of education or private/church school headmaster/principal to take the GED Test. ¹			
<input type="checkbox"/> I am sixteen (16) or seventeen (17) years of age, incarcerated, and have the permission of the legal custodian responsible for my care, custody, and control. ²			
<input type="checkbox"/> I am sixteen (16) or seventeen (17) years of age, institutionalized, and have the permission of the legal custodian responsible for my care, custody, and control. ²			
<input type="checkbox"/> I am sixteen (16) or seventeen (17) years of age, was taught at home by a private tutor, and have the permission of a parent or legal custodian/guardian. ³			
<input type="checkbox"/> I am sixteen (16) or seventeen (17) years of age and have been ordered to take the test by an Alabama judge exercising authority over me. ⁴			
<input type="checkbox"/> If I pass the GED Test, I authorize the release of my name and address to the state funded adult education director(s) so I may participate in GED graduation ceremonies.			
<input type="checkbox"/> If I do not pass the GED Test, I authorize the release of my name and address to the state funded adult education director(s) in my geographical area for notification of GED preparatory classes.			
<input type="checkbox"/> I authorize the release of my Official Report of Scores to the adult education director(s) in the geographical area where I am enrolled in GED preparatory classes. ⁵			
<input type="checkbox"/> I request information about applying to take the test with special accommodations because of a disability.			
<input type="checkbox"/> I have been administered the GED Test less than three times since January 1 of this current year.			
<input type="checkbox"/> Since 01/01/2006, I have taken the GED Test at			
<p>The information provided is correct. I understand that if I copy from another person, impersonate another person, share information about the tests, or in any other way contribute to a test compromise, I may be dismissed from the testing session and my test may not be scored, previous test scores may be cancelled, I may be required to wait a period greater than six weeks before being allowed to re-test, and/or I may be required to re-test in a private setting at my expense. I also understand that I may be required to forfeit my testing fee if I fail to report on my scheduled testing date and that I have ninety (90) days to complete the entire test battery. If I fail to complete the initial test battery in ninety (90) days, my test will not be scored and I will be required to wait not less than six (6) weeks before being allowed to retest on an Alternate test form.</p>			
Applicant's Signature :		Date:	

¹ Attach the parent/guardian notarized permission letter and city/county superintendent or private school headmaster/principal letter.

² Attach legal custodian's permission letter.

³ Attach parent/custodian/guardian notarized permission letter.

⁴ Attach copy of the court order.

⁵ Provide adult education supervisor's name, address, and phone number on reverse side of this form.