

# 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](mailto:Barb.Unruh@state.sd.us)