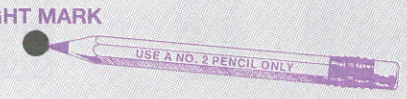
GED Options for Selected Students Enrolled in Secondary Schools
GED Testing Authorization Form

Note to School Administrator: Please record the following information for each secondary student referred to the GED testing center.
Note to Student: This form must be presented to the Chief Examiner.
Note to Examiner: This form must accompany the student's GED answer sheet for scoring.

- Use a No. 2 pencil only.
- Do not use ink, ballpoint, or felt tip pens.
- Make solid marks that fill the circle completely.
- Erase cleanly any marks you wish to change.
- Make no stray marks on this form.

RIGHT MARK



WRONG MARKS

To be completed by student:

NAME

- Use your LEGAL name as it appears on the identification document(s) you presented today. Use this name each time you take any of the GED Tests. If you do not use the same name, your score records will be incomplete.
- If your name is longer than the space provided, please enter as much as will fit.
- Grid in your middle initial in the "MI" box.
- If you have "Jr.," "Sr.," or Roman numerals after your name, please grid that in the "SUFFIX" box.

LAST NAME	FIRST NAME	MI	SUFFIX

Today's Date

MONTH	DAY	YEAR
○ Jan		2 0
○ Feb		
○ Mar	0 0	● 0 0
○ Apr	1 1	1 1
○ May	2 2	● 2 2
○ June	3 3	3 3
○ July	4	4 4
○ Aug	5	5 5
○ Sept	6	6 6
○ Oct	7	7 7
○ Nov	8	8 8
○ Dec	9	9 9

Social Security Number

	–	–
0 0 0	0 0	0 0 0 0
1 1 1	1 1	1 1 1 1
2 2 2	2 2	2 2 2 2
3 3 3	3 3	3 3 3 3
4 4 4	4 4	4 4 4 4
5 5 5	5 5	5 5 5 5
6 6 6	6 6	6 6 6 6
7 7 7	7 7	7 7 7 7
8 8 8	8 8	8 8 8 8
9 9 9	9 9	9 9 9 9

Date of Birth

MONTH	DAY	YEAR
○ Jan		1 9
○ Feb		
○ Mar	0 0	0 0
○ Apr	1 1	● 1 1
○ May	2 2	2 2
○ June	3 3	3 3
○ July	4	4 4
○ Aug	5	5 5
○ Sept	6	6 6
○ Oct	7	7 7
○ Nov	8	8 8
○ Dec	9	● 9 9

To be completed by school administrator:

NCES School Code

0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9

School Name

Contact Person

Phone Number

area code

( ) –

Date Enrolled in GED Option Program

MONTH	DAY	YEAR
○ Jan		2 0
○ Feb		
○ Mar	0 0	● 0 0
○ Apr	1 1	1 1
○ May	2 2	● 2 2
○ June	3 3	3 3
○ July	4	4 4
○ Aug	5	5 5
○ Sept	6	6 6
○ Oct	7	7 7
○ Nov	8	8 8
○ Dec	9	9 9

Tests Administered for Placement

- ○ GED Language Arts, Writing Practice Test
- ○ GED Social Studies Practice Test
- ○ GED Science Practice Test
- ○ GED Language Arts, Reading Practice Test
- ○ GED Mathematics Practice Test
- ○ TABE
- ○ Woodcock-Johnson Achievement Test
- ○ CASAS
- ○ Other

Has the student received vocational training?

○ Yes ○ No

If yes, how many hours per week →

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

Have the student's ninth grade classmates graduated?

○ Yes ○ No

If no, when will the classmates graduate? →

MONTH	YEAR
○ Jan	2 0
○ Feb	
○ Mar	● 0 0
○ Apr	1 1
○ May	● 2 2
○ June	3 3
○ July	4 4
○ Aug	5 5
○ Sept	6 6
○ Oct	7 7
○ Nov	8 8
○ Dec	9 9

Signature of School Administrator

Phone Number

area code

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