

Eligibility Information

21. Are you 19 years of age or older? If "YES," go to item 23.	➔ <input type="checkbox"/> YES <input type="checkbox"/> NO	If "NO," go to item 22. You must obtain the appropriate documentation and include the appropriate attachment with this application identifying the eligibility criteria you meet. (B-2 – B-8, C-2, C-3)
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Eligibility for persons under the age of 19 only.

22. Please use a check mark (✓) to indicate **ONE** eligibility category you meet and attach documentation.

- B2 One year has passed since you were last legally able to leave high school and enrolled in a full-time high school program of instruction; **or**
- B3 You were a member of a high school class that has already graduated; **or**
- B4/C2* You are enrolled in an Approved Alternative High School Equivalency Preparation Program; **or**
- B5/C3* You have been accepted into the U.S. Armed Forces, or you have been accepted into a college, university or accredited post secondary institution; **or**
- B6 *You are a member of the Job Corps; **or**
- B7 *You are incarcerated/institutionalized; **or**
- B8 *You are an adjudicated youth under the direction of a prison, jail, detention center, parole or probation officer.
- B9 *You are at least 17 and have been home schooled.

***You must also have reached "maximum compulsory school attendance age" (The school year [July 1–June 30] in which you turned 16 has ended.)**

Permission to Release GED Test Scores

23. YES NO Do you give permission to have your test results/scores given to your GED preparation program and/or test center listed on this application?

CANDIDATE SIGNATURE _____ DATE _____

Certification/Affidavit

24. I understand that my eligibility for GED testing will be determined based on the information provided on this application and on any enclosed documentation. If any of this information is incorrect and, based on my prior testing record, it is subsequently determined that I did not meet the eligibility requirements on the date that the test session began, I understand that my test will not be scored. I do hereby certify, subject to the penalty for perjury, that the information given on this form and on any enclosures is true to the best of my knowledge and belief.

CANDIDATE SIGNATURE _____ DATE _____

Permission of Parent/Guardian (if candidate is under 18)

25. By signing below I am verifying that the information on this application is true. In addition, I give permission for my son/daughter (circle one) named _____, to take the GED test and to have his/her (circle one) test results given to the GED preparation program and/or test center listed on this application.

PARENT SIGNATURE _____ DATE _____