

## VERIFICATION FORM FOR NEW YORK STATE GED TEST APPLICANTS 17 OR 18 YEARS OF AGE

NOTE: This form is to be used by GED test applicants aged 17 or 18 who have not attended a regular full-time high school program for one year or more, or whose high school class has already graduated or who have been home schooled. It must be completed by an official of the school district last attended by the applicant.

**PLEASE PRINT CLEARLY IN INK**

**To be Completed by Applicant**

- ❖ Fill in your name, Social Security number, age and date of birth.
- ❖ Have an official at the school you last attended complete the section below.
- ❖ Attach this **original** Verification Form to your completed and signed "Application for GED Testing."

Last Name	First Name	Middle Initial								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%; border: 1px solid black; height: 20px;"></td> <td style="width: 12.5%; border: 1px solid black; height: 20px;"></td> <td style="width: 12.5%; border: 1px solid black; height: 20px;"></td> <td style="width: 12.5%; border: 1px solid black; height: 20px;"></td> <td style="width: 12.5%; border: 1px solid black; height: 20px;"></td> <td style="width: 12.5%; border: 1px solid black; height: 20px;"></td> <td style="width: 12.5%; border: 1px solid black; height: 20px;"></td> <td style="width: 12.5%; border: 1px solid black; height: 20px;"></td> </tr> </table>									Age	Date of Birth
		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border: 1px solid black; height: 20px;"></td> <td style="width: 33%; border: 1px solid black; height: 20px;"></td> <td style="width: 34%; border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: small;">Month</td> <td style="text-align: center; font-size: small;">Day</td> <td style="text-align: center; font-size: small;">Year</td> </tr> </table>				Month	Day	Year		
Month	Day	Year								

**To be Completed by School Official**

- ❖ Fill in your school's information below.
- ❖ Check and complete the statement that applies to the above candidate.
- ❖ Sign, date and provide your title.
- ❖ Affix school's **official** seal or stamp in the space provided.

School Name	Phone Number (    )
Address	City
	State      Zip Code

By signing below, I am verifying that \* \_\_\_\_\_ was the last day of attendance, dismissal or discharge of the above-named individual and that he or she has not been a regularly enrolled student since that time. \*This date cannot be prior to June 30<sup>th</sup> of the school year in which the candidate reached "maximum compulsory school attendance age" (turned 16 or such older maximum age as the board of education of the school district designates for required school attendance pursuant to Section 3205(3) of Education Law).

**OR**

By signing below, I am verifying that the above-named individual did not complete requirements for graduation with the class of \_\_\_\_\_ (based on his or her ninth-grade enrollment) that will graduate or graduated on \_\_\_\_\_.

**OR**

By signing below, I am verifying that the above-named individual has been home schooled and has reached "maximum compulsory school attendance age." (The school year in which he or she turned 16 or such older maximum age as the board of education of the school district designates) has ended (June 30).

Name of School Official (PLEASE PRINT)	<div style="border: 2px solid black; border-radius: 50%; width: 80%; margin: auto; padding: 20px;">                 Place Official Seal Here             </div>
Title of School Official	
Signature of School Official	
Date	