

Ohio GED® Consent Form Computer Based Test

Date

Applicant Name (please print)

____ / ____ / ____
Date of Birth

Applicant Address

Applicant Phone Number

Applicant City, State, Zip

ASSESSMENT TEST:

GED® HiSET TASC

NOTE: If you are 16 or 17 years of age, this form must be completed and the original sent to the GED Office with the Good Cause Form and documentation, and an Official Current school year high school Transcript.

I, _____
Parent/Guardian/Court Official Signature Parent/Guardian/Court Official Name Date

grant consent for _____
Applicant Name (please print) _____
Date of Birth

to take the Official Ohio High School Equivalence Test.

RELATIONSHIP TO APPLICANT:

Parent Guardian (Must attach copy of court order appointing guardianship or emancipation.)

Court Official (Must attach a copy of court order.)

NOTARY:

Subscribed before me in the City of _____ County of _____,

State of _____, United States of America, this _____ day of _____, 20 ____.

Notary Signature

NOTARY PUBLIC STAMP _____

COMMISSION EXPIRATION DATE ____ / ____ / ____

State of Ohio GED Office
Ohio Department of Education
25 S. Front St., MS 622
Columbus, OH 43215

**NO FAXES
ACCEPTED**