FLORIDA GED® TESTING PROGRAM

UNDERAGE TESTING FORM

This completed form and proof of withdrawal must be submitted to the Florida GED® Testing Office via email at GEDagewaiver@fldoe.org or by fax at 850-245-0990. If you have any questions, please email GEDagewaiver@fldoe.org or call 1-877-352-4331 (Florida calls only) or 850-245-0449.

The candidate must complete the registration process at http://ged.com prior to submitting this form to the Florida Department of Education.

Candidate Name: _____Date of Birth: _____

Candidate e-mail address: _____

Withdrawing from (please circle one): School District, Home Education Program, or Private School

Name of School or School District: _____

Acknowledgement of Age Requirements for GED® Testing in Florida

Pursuant to section 1003.435, Florida Statutes, the minimum age to take the GED® tests to meet the requirements for a high school equivalency diploma is 16 years old so long as the candidate has filed a formal declaration of intent to terminate school enrollment pursuant to s. 1003.21(1)(c), F.S. Parents of home education students must file a written notice of termination upon completion of the home education program with the superintendent of the School District under s. 1002.41(1)(c), F.S.

I hereby certify that I, _____, am the parent or legal guardian of the candidate for GED® testing listed above and that they have withdrawn from school with my permission.

_____ _____
Parent or Legal Guardian Signature Date

_____ _____
Parent or Legal Guardian Printed Name Date

Notary Acknowledgement

State of Florida, County of _____

Sworn to and subscribed before me by physical presence this _____ day of _____(month) _____ (year) by _____ (name of Parent or Legal Guardian).

_____
Signature of Notary Public Notary Stamp

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____