



New Hampshire GED Testing Program
GED Referral Form 1-for GED Option Student to Take the GED Tests
Permission for GED Testing and Release of Information

To: GED Chief Examiner at \_\_\_\_\_ Testing Center
From: \_\_\_\_\_, GED Option Coordinator,
\_\_\_\_\_ High School
Date: \_\_\_\_\_

GED Option Coordinator Contact Information

Name \_\_\_\_\_
High School \_\_\_\_\_
Mailing address \_\_\_\_\_
Town/city, state, zip code \_\_\_\_\_
Telephone \_\_\_\_\_ Email \_\_\_\_\_

Permission to Test

\_\_\_\_\_ is enrolled in an approved GED Option
program at \_\_\_\_\_ High School.
Student SASID # \_\_\_\_\_

As the GED Option program coordinator, I am referring
\_\_\_\_\_ to take the following GED Test(s):
\_\_\_ Science \_\_\_ Social Studies \_\_\_ Reading \_\_\_ Writing \_\_\_ Math

I am attaching an Official Practice Test score report to show that this student has passed
with scores 450 or above on the tests he/she will be taking. I am also attaching a purple
“GED® Testing Authorization Form.”

As a member of the GED Option program, this student is eligible to take the GED Tests without
withdrawing from high school and at the age of 16 or 17 if applicable, provided I give
permission. I hereby give permission for this student to take the GED Test(s) indicated above.

GED Option Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_

Payment for this student’s GED Testing... \_\_\_ is attached \_\_\_ has been paid previously

Release of Information from Testing Center to GED Option Program

I am a GED Option student. I give permission for the \_\_\_\_\_ GED Testing
Center to release my GED Test results to the GED Option coordinator at
\_\_\_\_\_ High School.

I request that a copy of my GED transcript be sent to the GED Option coordinator whose name is
above.

Student name \_\_\_\_\_ Student date of birth \_\_\_\_\_

Student signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or guardian signature if student is under 18 \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_