



New Hampshire **GED** Testing Program

**GED Referral Form 2-Attendance Waiver for Student to Take the GED Tests  
Permission for GED Testing and Release of Information**

To: GED Chief Examiner at \_\_\_\_\_ GED Testing Center  
From: \_\_\_\_\_, Superintendent of Schools  
Date: \_\_\_\_\_

**I certify that \_\_\_\_\_ has received an Attendance  
Waiver from \_\_\_\_\_ School District for the purpose of  
taking the GED Tests.**

Student name \_\_\_\_\_  
Student date of birth \_\_\_\_\_  
Student SASID number \_\_\_\_\_

I am attaching an Official Practice Test score report to show that this student has passed all five GED practice tests with scores averaging 450 or above and with no test score below 410.

I hereby grant permission for this student to take the GED Tests.

I request that a transcript of this student's GED Test scores be sent to the following school representative:

Name \_\_\_\_\_

Mailing address

\_\_\_\_\_  
\_\_\_\_\_

**Signature** \_\_\_\_\_ **Telephone** \_\_\_\_\_  
Superintendent of Schools or Designee

**Date** \_\_\_\_\_

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To be filled out by student and parent or guardian

**Release of Information from Testing Center to Student's School**

I have requested a Waiver of Attendance in order to take the GED Tests. I give permission for the Chief Examiner at the GED Testing Center specified above to release my GED Test results to the school representative named above.

Student name \_\_\_\_\_ Date of birth \_\_\_\_\_  
Student signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or guardian signature approving application for GED Testing if student is under 18

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