

New Hampshire **GED**® Testing Program  
**GED Referral Form 3-For Home Schooled Students**  
**Permission for GED Testing and Release of Information**

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

**I certify that my agency has overseen the home schooling of the student named below and that this student has completed the home schooling program and is eligible to take the GED Tests.**

Home schooling agency (Please check one.)  New Hampshire Department of Education  
 Local School District  Private School

Name of Agency \_\_\_\_\_

Date \_\_\_\_\_

Student name \_\_\_\_\_

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

Student SASID number if applicable \_\_\_\_\_

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:

Name \_\_\_\_\_

Mailing address

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

**Signature** \_\_\_\_\_ **Telephone** \_\_\_\_\_

Signature of Appropriate Official or Designee from Agency Overseeing Home Schooling

**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 permission 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 agency that oversees home schooling, 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 \_\_\_\_\_