



Vermont GED Testing Permission Form

*** Applicants under 18 years of age of must have the permission of a Parent or Guardian to take the GED tests.***

Please print and fill out all information - including street, town, state and zip code.
Examinees must sign at the bottom of the form.

Once this form is signed by a parent/guardian it must be faxed (802-479-1829) or emailed to Barbie.Pignone@vermont.gov After the form is received, you will be unblocked from scheduling a test, and allowed to continue scheduling. You will receive a notification alert from GED.com letting you know you can proceed with scheduling.

Date: _____
Testing Site: _____
First Name: _____ Middle: _____
Last Name: _____
Date of Birth: _____
Male: ____ Female: ____
Telephone Number: (_) _____
Email Address: _____

Are you currently enrolled in high school? Yes ____ No ____

Last School attended (school name, town, and state):

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_____ has my permission to take the GED tests. I understand that in order to take the GED tests, she/he must **not be enrolled** in high school.

Signature of parent or guardian: _____ **Date:** _____

I hereby certify that the above information on this form is true to the best of my knowledge and belief.

Examinee Signature: _____ **Date:** _____