



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that I, _____, am the parent or legal guardian of the candidate for GED® testing listed above and that they have withdrawn from school with my permission.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