

## FLORIDA GED® TESTING PROGRAM

## UNDERAGE WAIVER FORM



This completed form and any other information requested by the school district must be submitted to assigned district/testing center staff. This staff member will be responsible for transmission of this form to the Florida GED® Testing Office. If you have any questions, please call or email the underage contact person for the school district in which you live or go to school:

http://data.fldoe.org/workforce/contacts/default.cfm?action=showList&ListID=65.

The candidate must complete the registration process at <a href="http://ged.com">http://ged.com</a> prior to the school district submitting this form to the Florida Department of Education.

Candidate Name:	Date of Birth:	
Candidate e-mail address:		
School District Providing Waiver:		
Superintendent of School District:		<u></u>
Waiver of Age Requirements for GED® Testing in	Florida	•
Pursuant to section 1003.435, Florida Statutes, the minimum requirements for a high school equivalency diploma is 18 yer eaching the age of 16, in extraordinary circumstances, as p	ears. A candidate may take the examination rovided for in the rules of the district schoo	
of the district in which the candidate resides or attends sch	aol.	
of the district in which the candidate resides or attends school, hereby, certify that the candidate for GED® testing district school board for testing of an Individual aged	isted above has met the requirements of	f the
I, hereby, certify that the candidate for GED® testing	isted above has met the requirements of	f the
I, hereby, certify that the candidate for GED® testing district school board for testing of an individual aged	isted above has met the requirements of and 17 years of age.	f the
I, hereby, certify that the candidate for GED® testing district school board for testing of an Individual aged a Signature of Superintendent/Designee	isted above has met the requirements of 6 and 17 years of age.  Date  Date  Date	
I, hereby, certify that the candidate for GED® testing district school board for testing of an Individual aged a Signature of Superintendent/Designee  Printed Name of Superintendent/Designee  If a designee signed above, please submit letter with delegate rights. School District Underage Testing Personnel must sure Email: GEDagewaivet@fldoc.org  OR	isted above has met the requirements of 6 and 17 years of age.  Date  Date  ion of authority for the individual with sign bmit this form to:	

Revised 05/07/2015