

# GED APPLICATION FORM

**INSTRUCTIONS: PRINT ALL OF THE INFORMATION REQUESTED ON THIS FORM, EXCEPT FOR YOUR SIGNATURE. ALL ITEMS MUST BE FILLED IN BEFORE THIS APPLICATION WILL BE ACCEPTED.**

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_  
                    Last                      First                      MI                      (Maiden)

MAILING ADDRESS: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
                                    Street or Route, plus number or box                                      mm/dd/yy

\_\_\_\_\_ Telephone: \_\_\_\_\_  
                    City                      State                      Zip

SOCIAL SECURITY NUMBER: \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_  
VERIFIED BY: \_\_\_\_\_

VERIFIED BY:  _____
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STATE ID OR DRIVER'S LICENSE # \_\_\_\_\_

LAST SCHOOL ATTENDED: \_\_\_\_\_ CITY & STATE: \_\_\_\_\_

APPROXIMATE DATE OF WITHDRAWAL FROM SCHOOL: \_\_\_\_\_  
(Examinees MUST be withdrawn from High School before taking the GED.)

HAVE YOU TAKEN THE GED BEFORE? Yes \_\_\_\_\_ No \_\_\_\_\_. If YES, state where and when you took the test and which tests you have successfully completed since January 2002 \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**\*\*In compliance with the Americans with Disabilities Act, this testing center provides accommodations for approved examinees. Examinees requesting accommodations must visit with the Director of Assessment for an application and to discuss the application process.**

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**FOR ASSESSMENT & EVALUATION OFFICE USE ONLY**  
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Date of Testing: \_\_\_\_\_

**TESTING HISTORY:**

Paid \$10 deposit: yes or no

**DATE                      TEST                      FORM                      TOPIC**

Balance due \$ \_\_\_\_\_

\_\_\_\_\_ Writing

Tests needed:

\_\_\_\_\_ Math

\_\_\_\_\_ All five

\_\_\_\_\_ Social Studies

\_\_\_\_\_ Writing

\_\_\_\_\_ Science

\_\_\_\_\_ Math

\_\_\_\_\_ Reading

\_\_\_\_\_ Social Studies

\_\_\_\_\_ Science

\_\_\_\_\_ **Reading**