

Ohio GED Age Waiver Form

NOTE: If you are 16, 17 or 18 years of age, the local school superintendent or his or her designee must complete this section before you take the Official GED Test. The Superintendent or his or her designee signing this form must be from the school district you last attended or from the school district where you currently reside.

Applicant Name _____ Date of Birth _____ / _____ / _____

Applicant ID Number _____ / _____ / _____
Applicant ID number used on Test Application

School District _____ County _____

Name of School _____ City _____

School Telephone Number _____ IRN Number _____
(Ohio only)

(Please check one box only.)

I confirm the applicant was enrolled in this school district and was officially withdrawn on _____ MONTH ____ DAY _____ YEAR. I believe the General Education Development (GED) Test is in the applicant's best interest at this time.

I confirm the applicant has been home schooled in this school district.

I confirm the applicant currently resides in this school district, but is not enrolled in this school district.

Superintendent or Approved Designee Signature

Superintendent or Approved Designee Printed Name

Date

If you applied online, please mail one copy of the Confirmation Sheet or the paper application with this completed form to:

GED Application Office
Ohio Department of Education
25 S. Front St., 1st Floor
Columbus, OH 43215