Ohio GED Parental Consent Form

Ohio | Department of Education

NOTE: If you are 16 or 17 years of age, this form must be completed and sent to the GED Office with your Confirmation Form or GED Application.

I, _____ _____ _____
Parent or Guardian Signature (if under 18) Parent or Guardian Printed Name Date

grant consent for _____ _____ /_____ /_____ ,
Print Applicant Name Date of Birth

_____ /_____ /_____ , to take the Official General Education Development (GED) Test.
Applicant ID number used on Test Application

Relationship to Applicant:
☐ Parent ☐ Guardian (**Please attach copy of court order appointing guardianship or emancipation.**)

NOTARY:

Subscribed before me in the City of _____ County of _____ ,

State of _____ , United States of America, this _____ day of _____ , 20_____ .

_____ Notary Signature

NOTARY PUBLIC STAMP My Commission Expiration Date: _____

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

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

clear form fields