

Ohio GED® Age Waiver Form

NOTE: If you are 16, 17 or 18 years of age, the district superintendent, community school or STEM school principal or his or her designee must complete this section before you take the Official GED® test. The superintendent, community school or STEM school principal or his or her designee signing this form must be from the school district you last attended. If you are subject to a court order requiring you to complete your GED, attach a copy of the court order to this form.

Applicant Name _____ Date of Birth _____ / _____ / _____

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

School District _____ County _____

Superintendent, Community school
or STEM school principal _____ 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I confirm the applicant was enrolled in this school district, community school or STEM school and was officially withdrawn on _____ MONTH _____ DAY _____ YEAR. I believe the 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 is under the attached court order.

Superintendent/Principal or Approved Designee Signature

Superintendent/Principal 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 and original signature to:

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