RELEASE FORM FOR 16 AND 17 YEAR-OLD STUDENTS  
For Adult Education Enrollment and/or General Educational Development (GED®) Testing

Oklahoma State Department of Education  
Lifelong Learning Section

1. Applicant’s Name: __________________________________________ Date: ______________________

2. Applicant’s Social Security Number: _______________________________

3. Applicant’s Date of Birth: _______________________________________

4. Last school attended (include school site, district and state): _____________________________________

5. In what month/year did you last attend school? __________________

6. Last grade completed: __________________

To be completed by the parent/guardian:

I hereby affirm that I am the (circle one) Parent Guardian of the above applicant, who is a legal resident of the___________ School District; and I agree that it is in his/her best interest to attend adult education classes and/or to take the GED Tests.

________________________________________
Signature of Parent/Guardian

To be completed by a school administrator:

The Administration of the______________________________ School District is in concurrence with the above statement and certifies that the above applicant is not currently enrolled in school.

___________________________________________
Signature of Principal or Superintendent

Subscribed and sworn to before me this __________ day of ________________________, ________________.

_______________________________________________ 
Notary Public Signature

My Commission expires the __________ day of ________________, ____________.

To be completed by the Chief Examiner or Adult Learning Center (ALC) Director:

I approve the above candidate for GED Testing.

_____________________________________                ______________________________________
Name of Chief Examiner or ALC Director       Name of GED Candidate’s Testing Site