

Sandy Garrett
State Superintendent of Public Instruction
Oklahoma State Department of Education
Lifelong Learning Section

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

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