

OFFICIAL SCHOOL INFORMATION FORM

I, _____ of _____
 (Name of person completing form) (School/County)
 do hereby verify the following information for _____
 (Name of GED candidate)

 (Address of GED candidate) (Phone Number of GED candidate) (Social Security Number of GED candidate)

Complete this section for students who have formally withdrawn from school.

_____ did formally *withdraw* from this school/program on _____
 (Name of GED candidate) (Date)
 His/her original graduating class graduated/will graduate in the year _____
 (Date)

Complete this section for students who have attended an alternative in school youth program.

_____ attended _____
 (Name of GED candidate) (Name of Alternative In-School Youth Program)
 since _____ and was formally withdrawn from the school system on _____
 (Date) (Date)
 _____, for the purpose of taking the GED test. His/her original
 (Date)
 graduating class graduated/will graduate in the year, _____
 (Date)

Complete this section for students who have been home-schooled.

_____ began home-schooling on _____
 (Name of GED candidate) (Date)

Is the home-schooled student currently enrolled in classes from the public school system? Yes No
 If "Yes," please fax the completed form to the GED Administrator, (304) 558-4874, for final approval. Administrator Signature

I understand that the person above needs this information to be eligible to take the GED exam, and I affirm that to the best of my knowledge the above information is correct and true.

School Official's printed name: _____ Title: _____

School Official's signature: _____ Date: _____

Phone: _____

This form must either be reproduced on the school's official letterhead or an official seal must be affixed.