

Effective September 2024 Rule 6A-6.0201, F.A.C.

## FLORIDA GED® TESTING PROGRAM



## UNDERAGE TESTING FORM

This completed form and proof of withdrawal must be submitted to the Florida GED® Testing Office via email at <u>GEDagewaiver@fldoe.org</u> or by fax at 850-245-0990. If you have any questions, please email <u>GEDagewaiver@fldoe.org</u> or call 1-877-352-4331 (Florida calls only) or 850-245-0449.

The candidate must complete the registration process at http://ged.com prior to submitting this form to the

Florida Department of Education. Candidate Name: \_\_\_\_\_\_Date of Birth: \_\_\_\_\_ Candidate e-mail address: Withdrawing from (please circle one): School District, Home Education Program, or Private School Name of School or School District: Acknowledgement of Age Requirements for GED® Testing in Florida Pursuant to section 1003.435, Florida Statutes, the minimum age to take the GED® tests to meet the requirements for a high school equivalency diploma is 16 years old so long as the candidate has filed a formal declaration of intent to terminate school enrollment pursuant to s. 1003.21(1)(c), F.S. Parents of home education students must file a written notice of termination upon completion of the home education program with the superintendent of the School District under s. 1002.41(1)(c), F.S. I hereby certify that I, \_\_\_\_\_\_, am the parent or legal guardian of the candidate for GED® testing listed above and that they have withdrawn from school with my permission. Parent or Legal Guardian Signature Date Parent or Legal Guardian Printed Name Notary Acknowledgement State of Florida, County of \_\_\_\_\_ Sworn to and subscribed before me by physical presence this \_\_\_\_\_ day of \_\_\_\_\_ (month) \_\_\_\_ (year) by \_\_\_\_\_ (name of Parent or Legal Guardian). Notary Stamp Signature of Notary Public Personally Known \_\_\_\_ OR Produced Identification \_\_\_\_ Type of Identification Produced \_\_\_\_\_ Florida GED® Testing Program Underage Testing Waiver, FGED-01