Reason for taking the GED® Tests
(Please check one)
_____ to enroll in college
_____ for employment
_____ for military service
_____ other

EAST CENTRAL COMMUNITY COLLEGE
Application for GED® Tests
GED® Options and Eligible 17 year old Examinees

Date: _____

Name: _____   _____   _____
            (Last Name)   *(First Name)*   *(Middle Name or Initial)*

Gender: Male or Female   Date of Birth: _____/_____/_____   Age: _____   Social Security No._____-_____-_____
      (Circle One)   *(MM)*   *(DD)*   *(YYYY)*

Home Address: _____   County: _____
           (Street or P.O. Box)

_____ _____ _____
    (City)   *(State)*   *(Zip Code)*

Mailing Address: _____
 (if different)   *(Street or P.O. Box)*

_____ _____ _____
    (City)   *(State)*   *(Zip Code)*

Are you presently enrolled in high school?   Yes or No
                               (Circle one)

If no, date you dropped out of school: _____/_____/_____
                                (MM)   *(DD)*   *(YYYY)*

Name of last school attended: _____

City and State of last school attended: _____

Highest Grade Completed: _____   Year grade was completed: _____   No. high school units: _____

Did you attend GED® Classes: Yes or No   If yes, where did you attend? _____

I hereby authorize the high school listed above to release information from my school records.

The signature below must be witnessed by a Notary Public. If not 18 or older, the signature of a parent or legal guardian is required.

_____   _____
(Signature of Applicant)   *(Signature of Parent or Legal Guardian)*

_____   _____
(Signature of Principal or School Official – GED® Options Students only)   *(Title of School Official)*

_____

For Notary Public Only – DO NOT WRITE BELOW THIS LINE

Sworn to before me this _____ day of _____ 20_____

                              Signed _____
                                            (Notary Public)

Revised 1/22/14