

GED Candidate (Last Name, First Name):		
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Signature of Parent/Guardian granting permission for candidate to take the GED Tests if candidate is under 18 years of		
age	SCHOOL INFORMATION (To be completed by Principal/Guidance Counselor/Attendance Director) Complete this	
	tion for students 16, 17, & 18 years of age <u>Please, place school seal or stamp in this area.</u> of	
	Signature of Principal/Guidance Counselor/Attendance Director) (School/County)	
_	verify that the candidate named above (Check appropriate box):	
Ш	Did formally withdraw from an accredited school on this date: Class graduation date:	
	Was enrolled in alternative education beginning on this date: and withdrew	
	from the accredited school on this date:	
	Is enrolled in the Option Pathway.	
	Is sixteen and provided an approved waiver to take the GED Tests (Approved waiver must be attached to this form.)	
	Provided a court order reflecting emancipation or provided a marriage license and is to follow guidelines for 18 yr. old. Began home-schooling on this date:	
_	Began home-schooling on this date: If home-schooled student is enrolled in classes at a regular accredited school, fax form to State Administrator (304) 558-4874.	
	The candidate is court ordered and does not need the withdrawal form. See attached court order.	
	ecandidate named above is a first time tester or last tested in the state of and has: Successfully completed a GED preparation program by scoring the minimum requirements of 420 on each subject and a total of 2250 on the OPT Form (PA, PB, etc.) Successfully completed an Option Pathway preparation program by scoring the minimum requirements of 450 on a content subject or if a senior scoring 420 on Language Arts, Writing or Mathematics if a score of 450 is not attainable. Prior to retesting, returned to an ABE center and completed a GED preparation program in order to increase scores on non-passing subjects or to increase total points. gnature of ABE or Option Instructor:	
SIC	NED RELEASE (To be completed by GED Candidate) GED Candidate signs this release section & checks all that apply.	
	In the event I cannot access my scores online, by providing my email address and GEDWizard password, I give the West Virginia Department of Education GED Office staff or County GED staff permission to access my GEDWizard Account. I understand that my password may be changed. Nevertheless, I may change my email address and password once I am able to access my Account. I will record these changes and will keep the document with the information in a secure location. GED Wizard Email Address:	
Cie	enature of GED Candidate:	