

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

Oklahoma State Department of Education  
Lifelong Learning Section

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