

## FLORIDA GED® TESTING PROGRAM UNDERAGE WAIVER FORM



This completed form and any other information requested by the school district **must be submitted to assigned district/testing center staff.** This staff member will be responsible for transmission of this form to the Florida GED<sup>®</sup> Testing Office. If you have any questions, please call or email the underage contact person for the school district in which you live or go to school: <a href="https://www.fldoe.org/core/fileparse.php/5615/urlt/ged">https://www.fldoe.org/core/fileparse.php/5615/urlt/ged</a> newsletter12-2013.pdf

The candidate must complete the registration process at <a href="http://ged.com">http://ged.com</a> prior to the school district submitting this form to the Florida Department of Education.

| Florida Department of Education Contact Information: Email <a href="mailto:GEDagewaiver@fldoe.org">GEDagewaiver@fldoe.org</a> or call 1-877-352-4331 (Florida calls only) or 850-245-0449  |   |
|--|---|
| Candidate Name:  | Date of Birth:  |
| Candidate Email Address:   |   |
| School District Providing Waiver: Manatee County Superintendent of School District: Jason Wysong   |   |
| Waiver of Age Requirements for GED <sup>®</sup> Testing in Florence Pursuant to section 1003.435, Florida Statutes, the minimum high school equivalency diploma is 18 years. A candidate may extraordinary circumstances, as provided for in the rules of the resides or attends school. | age to take the GED <sup>®</sup> tests to meet the requirements for a y take the examination after reaching the age of 16, in |
| I, hereby, certify that the candidate for GED <sup>®</sup> testing listed ab testing of an individual aged 16 and 17 years of age.   | ove has met the requirements of the district school board fo  |
| Signature of Superintendent/Designee   | Date:   |
| Linda Silva<br>Printed Name of Superintendent/Designee   | Date:   |
| If a designee signed above, please submit a letter with delegation of the designee Testing Personnel must submit this form to 0990.  |   |

Name of District Staff Submitting Form: Linda Silva

Email address of District Staff Submitting Form: SilvaL@Manateeschools.net

| Please complete the information below and submit together with the Underage Waiver Form: |  |
|--|--|
| * Candidate Name:  |  |
| * Candidate Phone Number:  |  |
| * Last High School attended  |  |
| Name:  |  |
| City:  |  |
| State:   |  |
|  |  |