Ohio GED® Age Waiver Form
Computer Based Test

Ohio | Department of Education

Social Security/Applicant ID Number _____ /_____ /_____

Applicant Name _____
Please Print

Gender M / F Date of Birth _____ /_____ /_____

Applicant Address _____ City _____

State _____ Zipcode _____ Phone Number _____

NOTE: If you are 16, 17 or 18 years of age, the district Superintendent, Community School or STEM school principal or his or her designee must complete this section before you take the Official GED® test. The superintendent, community school or STEM school principal or his or her designee signing this form must be from the school district you last attended. If you are subject to a court order requiring you to complete your GED, attach a copy of the court order to this form.

_____, _____, _____, _____
Superintendent, Community School or STEM School Principal | City | County | State

_____ _____ _____
Name of School | District Phone Number | Ohio School District IRN#

(Please check one box only.)

☐ I confirm the applicant was enrolled in this school district, community school or STEM school and was officially withdrawn on

_____ MONTH _____ DAY _____ YEAR.

I believe the GED® test is in the applicant's best interest at this time.

☐ I confirm the applicant has been home schooled in this school district.

☐ I confirm the applicant is under the attached court order.

_____ _____ _____
Superintendent/Principal or Approved Designee | Signature Superintendent/Principal or Approved Designee Printed Name | Date

Note: If your High School class has graduated, please attach an original transcript of your school record.

☐ My High School class has graduated and I have attached an original transcript.

_____ _____
Printed Name | Signature

If you applied online, please mail one copy of the Confirmation Sheet or the paper application with this completed form and original signature to:

GED Application Office
Ohio Department of Education
25 S. Front St., 1st Floor
Columbus, OH 43215

Rev. 5/14/2013