

**Parent/Guardian Consent Form
for Oregon GED® Testing
for 16- and 17- year olds**



Test Taker Information:

Tester Full Name: _____

Tester Address: _____

Tester Date of Birth: _____ Tester Phone Number: _____

Tester Email Address: _____

Parent/Guardian Information:

Parent/Guardian's Full Name: _____

Relationship to Tester: _____

Address (if different from Tester's): _____

Parent/Guardian's Phone Number: _____

Parent/Guardian's Email Address: _____

Consent:

I, the undersigned parent/guardian of the above-named tester, hereby provide my consent for the named tester to take the GED® tests. I understand these tests are administered by GEDTS and successful completion of the GED® test can result in the awarding of a high school equivalency credential in Oregon.

I have read and understood the information provided above, and I hereby grant my consent for the named tester to take the GED® test.

Signature:

Parent/Guardian Signature: _____ Date: _____

Tester Signature: _____ Date: _____

Email form to Annie Marges, Alternative Education Options Specialist with the Oregon Department of Education: annie.marges@ode.oregon.gov. Questions? Call Adrienne Ochs at the Higher Education Coordinating Commission: 503-934-0957