

**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: \_\_\_\_\_

Please email form to: [ode.ged-authorization@ode.oregon.gov](mailto:ode.ged-authorization@ode.oregon.gov).