***Sample - GED Option Program Parent Release of Student Information***

GED Option Program

Parent Release of Student Information

**Release of Information:** I hereby give my permission to [Insert name of testing center]to report the above student’s GED test status and test scores if requested, to (please check appropriate box(s):

[Insert district, school and appropriate office]

[Insert names of GED Instructor(s) - list names]

**Student:**

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Middle Last

Date of Birth (DOB): \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

Four-Year Cohort Graduation Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student State Identification Number (SSID): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resident/Attending District Institution Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resident/Attending School Institution Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature:**

I also hereby give the above student my permissions to sign GED Testing Service documents as required for GED testing.

Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_