*[Insert School District Letterhead]*

**Sample - District Authorization Letter for Students to Take GED Test**

Date:

Address [*Insert Testing Center*]

Dear *[insert contact name]:*

This letter certifies that [*insert name of GED Option Program candidate]* is at least 16 years of age and authorized to take the [*identify the appropriate GED test(s)]*.

This letter confirms that the testing candidate has received appropriate counseling and instruction and is prepared to test.

This letter assures that the parent, guardian or emancipated student has signed a form for release for information, which is on file at the resident district

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sincerely,

[Insert *District GED Option Program Coordinator/Administrator*]