

APPLICATION FOR GED® EXAMINATION
SOUTH CAROLINA DEPARTMENT OF EDUCATION

FOR SDE USE ONLY

Rept. Num: _____
Rept. Date: _____
Acknowledgement _____
Abst. Date: _____

➤ **NO PERSONAL CHECKS CAN BE ACCEPTED**

(SEE "TESTING FEES")
Make Money Order payable to
SC Department of Education

MO CS CK IN

➤ **Testing Fees Are Not Refundable**

➤ **PLEASE TYPE OR PRINT CLEARLY IN BLUE INK** ◀

Incomplete Applications Will Be Returned

Only photocopies of blank applications will be accepted. No photocopied personal information.

1. Social Security Number: _____ / _____ / _____
2. Are you a SC resident? Yes ___ No ___
(Must have SC Driver's License or State ID Card)
3. Name: _____
Last First Middle or Maiden
4. Mailing Address: _____
Number and Street or P. O. Box Apt. or Lot Number (CIRCLE ONE)
City: _____ State: _____ Zip: _____ County: _____
5. Date of birth: ____ / ____ / ____ 6. Age: ____ 7. Phone No.: (____) _____ 8. Sex ____ 9. Race: **CHECK ONLY ONE**
 African American
 Alaska Native
 American Indian
 Asian
 Hispanic
 Pacific Islander
 White
 Other
10. What was the last grade in school that you completed? _____
11. What was the name of the last high school that you attended? _____
 In what city and state was it located? _____
 When did you last attend? _____ / _____
 Month Year
12. Have you taken GED classes within the past six months? Yes _____ No _____
13. Name of center where classes taken. _____
14. Are you taking the GED tests to qualify for employment? Yes _____ No _____ **EXPLAIN**
15. Are you taking the GED tests for military enlistment? Yes _____ No _____
16. Are you taking the GED tests to qualify for education or training beyond the high school level? Yes _____ No _____
17. In which school district do you live? _____

18. **CHOOSE TWO TEST DATES FROM THE SCHEDULE AND COMPLETE THE FOLLOWING: If you have not received confirmation of your first choice by 2 days prior to that date, please call our office for verbal verification.**

Test City _____ Test Date ____ / ____ / ____
First Choice First Choice
Test City * _____ Test Date* ____ / ____ / ____

*** THIS DATE AND CITY WILL ONLY BE USED IF YOUR FIRST CHOICE IS NOT AVAILABLE.**

19. **If this is the first time that you have taken the GED tests**, please choose how you would like to take the tests: (Please read the "HOW TO APPLY" section of the Information Brochure)

- All five (5) in one day _____ **OR** ➤ Tests 1 and 2 _____ (Tests 3, 4, and 5 must be on a separate application)
 ➤ Tests 3, 4, and 5 _____ (Only if you have completed Tests 1 & 2)

20. Complete **ONLY** if you have taken the GED exam AFTER January 1, 2002.

- Date Taken _____ City _____ State _____
- If you took the tests outside of SC, have you had an official transcript of your scores mailed to our office? Yes _____ No _____
- **If your current score is 2150 or above**, please circle which of the five (5) tests you would like to take. (Circle one or more)

1. Mathematics 2. Language Arts: Writing 3. Social Studies 4. Science 5. Language Arts: Reading

I CERTIFY THAT ALL STATEMENTS MADE ON THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND I HAVE READ THE INFORMATION BROCHURE AND AGREE TO ABIDE BY THE GED REGULATIONS.

I ALSO AGREE NOT TO COMMUNICATE TO ANYONE ANY QUESTIONS, PARTS OF QUESTIONS, DESCRIPTIONS OF CHARTS OR GRAPHS, ESSAY TOPICS OR ANY OTHER INFORMATION ON THE GED EXAMINATION. **IF IT IS DETERMINED THAT I BREACHED THIS CONFIDENTIALITY, MY GED CREDENTIAL MAY BE VOIDED.**

All signatures must be in BLUE INK.

➤ Applicant's Signature: _____ Today's Date: _____

AFTER CAREFULLY COMPLETING THE APPLICATION AND SIGNING YOUR NAME, MAIL THE APPLICATION WITH THE APPROPRIATE FEE (ALONG WITH THE VERIFICATION OF SCHOOL WITHDRAWAL FORM, WHICH MAY BE FOUND AT www.sced.org, IF YOU ARE UNDER 19) TO:

GED TESTING OFFICE
 South Carolina Department of Education
 1429 Senate Street, Suite 402
 Columbia, SC 29201

ALL INCOMPLETE APPLICATIONS WILL BE RETURNED

<u>Request for Second Transcript Other than to yourself</u>	<u>INFORMATION RELEASE</u>
I _____ request the South Carolina Department of Education send a copy of my GED test scores to: Name: _____ Address: _____ _____ Signature: _____ Date: _____	I GIVE MY PERMISSION FOR THE GED TESTING OFFICE TO RELEASE TESTING INFORMATION AND SCORES TO EDUCATIONAL INSTITUTIONS, EMPLOYER VERIFICATIONS, MILITARY INQUIRIES, AND ANY AND ALL OTHER ENTITIES THAT MAY MAKE A REQUEST, WITHOUT FURTHER WRITTEN PERMISSION. Signature: _____ Date: _____

<p>----<u>DO NOT WRITE IN THIS SPACE</u>----</p> <p>(For examination room use only)</p>	<p>Type of ID: please circle one</p> <p>SCDL SCID</p> <p>Out-of-state DL _____ (State Name) Military</p> <p>Out-of-state ID _____ (State Name) Passport</p> <p>Green Card Other _____</p> <p>ID NUMBER _____ Exp.Date _____</p> <p>Birthdate: _____</p> <p>SSN: _____</p> <p>Signature: _____ Examiner: _____</p>
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