



# FLORIDA GED® TESTING PROGRAM



## UNDERAGE WAIVER FORM

This completed form and any other information requested by the school district **must be submitted to assigned district/testing center staff**. This staff member will be responsible for transmission of this form to the Florida GED® Testing Office. If you have any questions, please call or email the underage contact person for the school district in which you live or go to school:

<http://data.fldoe.org/workforce/contacts/default.cfm?action=showList&ListID=65>.

The candidate must complete the registration process at <http://ged.com> prior to the school district submitting this form to the Florida Department of Education.

Florida Department of Education Contact Information:

Email [GEDagewaiver@fldoe.org](mailto:GEDagewaiver@fldoe.org) or call 1-877-352-4331 (Florida calls only) or 850-245-0449

Candidate Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Candidate e-mail address: \_\_\_\_\_

School District Providing Waiver: \_\_\_\_\_

Superintendent of School District: \_\_\_\_\_

### Waiver of Age Requirements for GED® Testing in Florida

Pursuant to section 1003.435, Florida Statutes, the minimum age to take the GED® tests to meet the requirements for a high school equivalency diploma is 18 years. A candidate may take the examination after reaching the age of 16, in extraordinary circumstances, as provided for in the rules of the district school board of the district in which the candidate resides or attends school.

I, hereby, certify that the candidate for GED® testing listed above has met the requirements of the district school board for testing of an individual aged 16 and 17 years of age.

\_\_\_\_\_  
Signature of Superintendent/Designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Superintendent/Designee

\_\_\_\_\_  
Date

If a designee signed above, please submit letter with delegation of authority for the individual with signing rights. School District Underage Testing Personnel must submit this form to:

Email: [GEDagewaiver@fldoe.org](mailto:GEDagewaiver@fldoe.org)

OR

Fax 850-245-0990

Name of District Staff Submitting Form: \_\_\_\_\_

Email address of District Staff Submitting Form: \_\_\_\_\_