L-5 Verification of Eligibility to Take the GED Tests

GED Testing Service
of The American Council on Education
One Dupont Circle, NW, Suite 250
Washington, DC 20036-1163
(202) 939-9490-Phone (202) 659-8875-Fax

Candidate Information

Date: __ / __ / _____
mm / dd / yyyy

If the information provided on this form is found to be incorrect, the Official GED Testing Center's Examiner can refuse to administer or score the GED Tests and this jurisdiction can refuse to issue a score report or high school credential based on your test results.

I, _____, hereby affirm that:

(1) I have not graduated from an accredited high school in the United States or Canada, nor am I currently enrolled in High School

Last High School Attended:

City: Jurisdiction:

(2) I have not received a high school diploma from any jurisdiction.

(3) I have not previously earned GED scores sufficient to qualify for a high school credential in any jurisdiction. *If you need to earn higher scores to qualify for advance education or employment, you may, with appropriate verification from the institution or employer, qualify for a retest. Contact the GED Examiner for information on how to proceed.*

(4) I am at least 16 years old as of today. Birthdate: __ / __ / _____
mm / dd / yyyy

(5) I hereby acknowledge that GED Testing Service regulations prohibit taking any of the GED Tests more than three times during any calendar year (January 1 - December 31). I affirm/certify that I have not already taken the GED Tests more than twice during this year regardless of where I have taken the GED Tests.

(6) I understand that scores on any GED Tests taken more than three times during a year may be invalidated, and that if I violate this rule, I may be subject to an additional waiting period before being allowed to take the GED Tests again.

(7) I am a resident of this jurisdiction and currently reside at the following address:

Address:

City: Jurisdiction: ZIP/Postal Code:

(8) I meet the additional jurisdictional requirements listed below:

Candidate's Signature | Guardian's Signature (if applicable) | Date

* F O R M L 5 *

Revised 10/04