

ACC APPLICATION FOR GED TESTING

ACC/PCC Prep Class **only** Y/N? _____

NAME: _____
(Please Print) Last First M.I.

BIRTH DATE: _____ AGE: _____
Must be at least 17 years of age.

Name you go by: _____

SOCIAL SECURITY #: _____

ADDRESS: _____
(Mailing Address) Apt. #

PHONE #:_(_____)_____
CELL/PGR #:_(_____)_____

CITY: _____ ZIP _____

Last school grade completed?_____

E-mail _____

Have you graduated from high school? Yes___ No___

Are you officially withdrawn from school? Yes___ No___

EMERGENCY CONTACT: Relationship _____

Last **School** Attended? _____
City / State _____

Name _____
Phone_(_____)_____

Have you GED tested before? Yes___ No___
Where and When? _____

IT IS UNLAWFUL TO PRESENT FALSE IDENTIFICATION DOCUMENTS IN ORDER TO TEST. THE TEXAS DEPARTMENT OF PUBLIC SAFETY AND/OR U.S. OFFICE OF IMMIGRATION AND NATURALIZATION WILL BE NOTIFIED OF ANY SUSPECTED VIOLATION OR MISUSE OF DOCUMENTS USED FOR IDENTIFICATION.

I understand the Testing Center may release my test scores in response to a telephone inquiry that supplies the correct Social Security Number and Date of Birth. By my initials, I authorize the Testing Center to release my test scores in that manner. _____ (Initial)

I am a resident of this jurisdiction and I am not currently enrolled in an accredited high school and I have not received a high school diploma or GED from any jurisdiction. All information provided above is true to the best of my knowledge. I understand the testing fee is not refundable.

Signature _____

Date _____

(17-year-old applicants)
Parental _____
W/D Date _____

FOR OFFICE USE ONLY
TDL # _____
Exp: _____

Receipt# _____

(Date and Amount)

(Please Initial)
1. Legible? _____
2. Verified SSN with Card? _____
3. Checked DOB? _____

4. Checked High School info? _____
5. Court Order for 16 year olds? _____

Receipt # _____

(Date and Amount)