A person must be at least 16 years of age, and not currently enrolled in an accredited high school either full or part time, in order to qualify to take the GED in Idaho. Testers between the ages of 16 and 18 must complete this Youth Waiver Request Form and turn it in to their local testing center in order to schedule the GED test series. Questions regarding scheduling or taking your GED tests should be directed to your local testing center or to GED Testing Services on the GED.com website.

**Completing the Youth Waiver Request Form Instructions**

**Step 1**
Set up a free account at GED.com before completing the Youth Waiver form. Keep the email address and password you used when creating this account in a secure location. Access your GED.com account to find a testing center, schedule tests, view test scores, and find answers to questions about GED testing.

**Step 2**

**Homeschooled Students**: Only complete Part 1 and Part 3 of the Youth Waiver Request Form. (Students participating in the Idaho Digital Learning Academy are NOT considered homeschooled for the purpose of this form.)

- **Part 1** of the form specifies the student is homeschooled. This information is only used by the testing center and is not collected or tracked by the State of Idaho or the Department of Education. Checking this box, when appropriate, helps the testing center process your GED test request more efficiently.
- **Part 3** must be signed by both the student and the student’s parent or guardian.

**All Other Students**: Students who were previously enrolled in a public or private high school, or who participated in the Idaho Digital Learning Academy, must complete Part 2 and Part 3 of this form.

- **Part 2** of the form confirms that the student is no longer enrolled in high school. It must be completed and signed by a counselor or principal at the school where the student was previously enrolled.
- **Part 3** must be signed by both the student and the student’s parent or guardian. Incarcerated, adjudicated, emancipated, and/or married youth are not required to provide a parent/guardian signature.

**Step 3**
Mail or take this completed form to the local testing center where the student wishes to take his/her GED tests. To locate a testing center near you, go to GED.com, click on “About The Test” at the top of the screen, then click on the “Scheduling” link located in the blue bar at the top of the screen, and finally scroll down the screen until you can click on the button surrounding “SEE WHERE I CAN TEST”. Enter your zip code at the Test Center Search page and click on the Search button to see the address and phone number of a site near you. Your chosen testing center will authorize the student to begin scheduling tests once they have received and validated the completed release form.

Information about how to order your GED transcript is located at www.diplomasender.com

Fill out the form, which begins on the next page
Idaho GED Testing

Youth Waiver Request Form

Submit the completed form to the testing center where the student intends to test, as located on GED.com

Student Name: ____________________________  Birth Date: _______  Phone #: _______________

Part 1: Homeschooled Students Only

☐ Check here if the student named above is homeschooled. Local high school approval is not required for homeschooled students - skip Part 2. (Students participating in the Idaho Digital Learning Academy must complete Part 2, as they are NOT considered homeschooled for this form.)

Part 2: Completed by High School of Previous Enrollment  *Not applicable to homeschooled students

School Name: ____________________________

Withdrawal Date: ________________________  Last grade completed: ________________________

The State Board of Education mandates that applicants 16 to 18 years of age must submit written verification from the last school attended, and meet at least one of the following criteria prior to GED Testing. Check as applicable:

_____ Behind one year or more in credits earned
_____ Expelled, or on recommendation of the school
_____ Pregnant or a parent
_____ Entering college, the military, or an employment training program
_____ Enrolled in an Adult Education or Job Corps program
_____ Incarcerated
_____ Other (reason required): ____________________________

I believe circumstances prevent the above named student from returning to the traditional school setting. It is my recommendation that, after meeting with this student and his/her parent or guardian, the student be allowed to participate in GED testing. I verify that the student meets one or more of the above criteria, and is not enrolled in school.

Counselor/Principal Signature __________________________________ Date ______________

Title/Affiliation __________________________________ Phone ______________________

Mailing Address ______________________________________________________________

Part 3: Student and Parent/Guardian Signatures

We, the student and parent/guardian, request that the above-named applicant be approved for GED Testing. We authorize the release of GED scores to the above-named school, where applicable.

In order to schedule tests, submit the signed form to the testing center where the student will take their GED tests.

Student Signature __________________________________ Date ______________

Student Printed Name _________________________________________________

Parent/Guardian Signature _____________________________________________ Date ______________

Parent/Guardian Printed Name __________________________________________