



Office of Adult Education
GED® Testing Program (GaGTP)
1800 Century Place, Suite 300B, Atlanta, Georgia 30345
(800) 94 MY GED or (404) 679-1645
FAX (404) 679-4911
www.tcsg.edu

Release of Information Consent Form

All GED test-takers must complete and sign a consent form authorizing the release of any demographic or student test history information. If a test-taker provides consent, the GED Testing Center will be allowed to release their information (name, address, scores, etc.), for the specified date(s), to the requesting adult education program or third party entity.

Information obtained by adult education programs will only be used for specific program functions and activities.

- Yes, I give consent to the GED Testing Center listed below to release my demographic and/or student test history information to the third party entities listed below for the testing dates listed below.

Name of GED Testing Center: Heart of Georgia Technical College

GED Testing Center ID: 3000130-33500 Testing Date(s):

List name of person(s) you want to get a copy of your scores and their address or fax number.

Name of Third Party Entity(ies): (Such as instructors, employers...)

- No, I do not give consent to the GED Testing Center listed below to release my demographic and/or student test history information to any third party entities.

Name of GED Testing Center: Georgia GED Testing Program GED Testing Center ID: 3000130-

GED Test-Taker's Name (print):

GED Test-Taker's Date of Birth: GED Test-Taker's SS / ID#:

GED Test-Taker's Signature: Date:

The completed original form must be retained in the GED test-taker's folder at the GED Testing Center. If a test-taker moves to another GED Testing Center, a new consent form must be completed and kept on file with the respective testing center.