

# L-6 Authorization for Disclosure of GED Documents and Information

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

I (We) hereby authorize the GED Testing Service and the applicable GED user jurisdiction (collectively the "GED Testing Program") to provide copies of the documents, information, and/or records identified below to the following third party:

At the following address:

The specific information, documents, and/or records that I am authorizing the GED Testing Program to release are: (Please indicate the particular test and specific test date(s) for which materials are being requested.)

In requesting and authorizing disclosure of these documents, information, and/or records, I hereby agree to the following:

1. I understand and acknowledge the GED Testing Program's right to make an independent determination, at its sole discretion of whether the information and records identified above are subject to disclosure under the GED Testing Program's policies for disclosing information to third parties.
2. I hereby release the GED Testing Program, its employees, its attorneys, its governing bodies, and its agents from any and all liability and claims of every kind and character that are based upon or relate in any way to the disclosure of information in accordance with this authorization of any actions of the third party identified above.
3. I agree that this authorization is valid until such time as the GED Testing Program has received written notice from me (or from me and my parent or guardian, if I am a minor) withdrawing permission to disclose the documents or information specified above to the third party identified above. In the event that permission is withdrawn, the GED Testing Program shall nevertheless remain fully protected from any and all claims and liability relating in any way to information released by the GED Testing Program prior to its receipt of the written withdrawal notice and to any actions of the third party.
4. I understand that, subject to its independent determination, the GED Testing Program will disclose the designated materials that it has at the time it receives my request. I also understand that in the absence of an additional request from me, the GED Testing Program will not provide information that becomes available at a later date.

I have read this authorization carefully and hereby acknowledge that I fully understand it. I further affirm that I am giving this authorization knowingly of my own free will.

Signature of Candidate: \_\_\_\_\_ Date:      /      /       
Candidate's SSN/SIN:      -      -     

Signature of Candidate's Parent or Guardian  
(if candidate is under 18 years of age) \_\_\_\_\_ Date:      /      /     



