

General Educational Development (GED) Application to Retest for Score Purposes Only

Name: _____ Date: _____

Social Security Number: _____ Date of Birth: _____

Diploma Number: _____ Diploma Date: _____

County/State Where Diploma Was Earned: _____

Reason for Retest:

_____ Educational Requirement

_____ Employment Requirement

A letter from the perspective employer and/or educational institution must accompany this request. If the diploma was earned in a state other than Florida, a copy of the official transcript must also accompany the application.

Chief Examiner: _____ Date: _____

Site Name: _____ Site Number: _____

NOTE: You must obtain approval prior to candidate testing.

STATE GED OFFICE USE ONLY

_____ Approved

_____ Disapproved

State Chief Examiner: _____ Date: _____

(Signature)