

# Idaho GED Testing Youth Waiver Instructions

In order to take the GED in Idaho, a person must be at least 16 years of age and not currently enrolled in an accredited high school, either full or part time. All testers under the age of 18 must complete a Youth Waiver Request Form.

## Instructions for Completing the Youth Waiver Request Form

Students who are currently being homeschooled must complete part (1) and (3) of the Youth Waiver Request form.

- **Part (1)** of the form specifies that the student is homeschooled. This information is for use by the testing center only and is not collected or tracked by the State or the Department of Education. Checking this box helps the testing center process your request more efficiently.
- **Part (3)** must be signed by both the student and the student's parent or guardian.\*

Students who were previously enrolled in a public or private high school, or who were participating in the State's Online Virtual Academy must complete both parts (2) and (3) of the form.

- **Part (2)** of the form confirms that the student is no longer enrolled at the high school. This part of the form must be completed and signed by an appropriate staff person (counselor or principle) 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.\*

Once completed, this form should be taken to the local testing center where the youth in question wishes to take his or her GED tests. Once the testing center has received and validated the release form, they will authorize the student to begin scheduling tests.

\*Incarcerated, adjudicated, emancipated, and/or married youth are not required to provide a parent/guardian signature.

## Contact Information

Questions regarding GED testing policies or the State of Idaho testing policies should be directed to:

Amelia Valasek  
Idaho GED Administrator  
Idaho Division of Professional-Technical Education  
(208) 334-3216  
[Amelia.Valasek@pte.idaho.gov](mailto:Amelia.Valasek@pte.idaho.gov)

Questions regarding scheduling or taking your GED tests should be directed to your local testing center or to GED Testing Services via GED.com. For more information about obtaining your GED transcript, please visit our state website at <http://pte.idaho.gov/GED/Home.html>

(FORM BEGINS ON NEXT PAGE)

# Idaho GED Testing Youth Waiver Request Form

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## Part 1: Homeschool Students

Check this box if the student named in this Youth Waiver Request is homeschooled. Homeschooled students do not require approval from the local high school prior to participating in GED testing and can skip to Part 3 of this form.

## Part 2: Completed by High School of Previous Enrollment

Name of School \_\_\_\_\_

Date of withdrawal \_\_\_\_\_ Last grade completed \_\_\_\_\_

The State Board of Education mandates that applicants 16 and 17 years of age must submit written verification from the last school attended for meeting at least one of the following criteria prior to GED Testing (please check as applicable):

- One(1) year or more behind 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 Basic Education program or Job Corp program*
- Incarcerated*

In working with the above named student, I believe circumstances prevent the 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 \_\_\_\_\_ Telephone \_\_\_\_\_

Mailing Address \_\_\_\_\_

## Part 3: Student and Parent/Guardian Signatures

We the student and parent/guardian, request that the below-named youth be approved for GED Testing. We understand that we must present this signed Youth Waiver Request Form to the GED testing center prior to GED testing.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Printed Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Printed Name \_\_\_\_\_

**ADDENDUM to INTAKE FORM: - Parent or Guardian agreement to participate in ISU Region 5 ABE programs.**

I, give permission for the information collected in the Idaho Management and Accountability System (IMAS) to be used in data sharing within the Idaho Department of Labor and with the Idaho Department of Professional Technical Education and with the GED Testing Services. I understand that the ABE program will protect my confidentiality and that at no time will ABE give this information to another party without my express written consent.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If student is older than 15 but younger than 18 –

Parent or Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

THIS ADDENDUM to the INTAKE FORM **MUST** BE ACCOMPANIED BY A LETTER OF NON PARTICIPATON IN LOCAL HIGH OR HOME SCHOOLING

# IDAHO STATE UNIVERSITY-ADULT BASIC EDUCATION

## Release of Information Authorization

We want to assure you are receiving the highest quality of services from the ISU Adult Basic Education (ABE) program staff and information providers. Therefore, it may be important for us to communicate with other professionals about your participant information. ABE will only provide your personnel to qualified personnel and will protect the confidentiality of your information. Please provide us with those individuals or organizations with whom we may communicate.

Who	Organization	Name	Telephone number (if known)
<input type="checkbox"/>	ISU Center for New Directions		
<input type="checkbox"/>	ISU Counseling & Testing Center		
<input type="checkbox"/>	ISU College of Technology Student Services		
<input type="checkbox"/>	Idaho Department of Corrections, Probation, & Parole		
<input type="checkbox"/>	Idaho Department of Health & Welfare		
<input type="checkbox"/>	Idaho Department of Labor		
<input type="checkbox"/>	Idaho Department of Vocational Rehabilitation		
<input type="checkbox"/>	County Court Services – Drug Court		
<input type="checkbox"/>	County Court Services – Mental Health Court		
<input type="checkbox"/>	County Court Services – Veterans Court		
<input type="checkbox"/>	County Court Services – Pretrial		
<input type="checkbox"/>	County Court Services – Probation		
<input type="checkbox"/>	Other:		
<input type="checkbox"/>	Road to Recovery, Inc.		
<input type="checkbox"/>	Family Member		
<input type="checkbox"/>	Counselor		
<input type="checkbox"/>	Caseworker		
<input type="checkbox"/>	Other educational providers		
<input type="checkbox"/>			

I, \_\_\_\_\_, hereby give my permission for ABE to communicate with the office or persons indicated above by marking the appropriate box.

I understand that my permission is in effect from the date of my signature through my termination of services. However, I understand I may withdraw my permission in writing, at any time.

I understand that if I am under age 18, I must have a parent or guardian signature, as well as my own.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
date of signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
date of signature

\_\_\_\_\_  
Witness and Agency Name

\_\_\_\_\_  
date