

ARIZONA DEPARTMENT OF EDUCATION
Servicing: Chandler Public Library
22 S. Delaware
Chandler, AZ 85225

Must be completed in the presence of a NOTARY

To Whom It May Concern:

I _____ parent/legal guardian of
(Print Name)

_____, give permission for named minor to take the

General Educational Development Test (G.E.D.).

(Print Name)

(Signature)

State of Arizona

County of Maricopa

On this _____ day of _____, _____,
Day Month Year

Before me personally appeared

_____,
Name of Signer(s)

Whose identity was proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this document, and who acknowledged that he/she signed the above document.

Notary Public

Seal: