

**VERIFICATION OF WITHDRAWAL FROM South Carolina SCHOOLS  
GED<sup>®</sup> TESTING OFFICE  
SOUTH CAROLINA DEPARTMENT OF EDUCATION**

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GED<sup>®</sup> applicants under the age of 19 and any applicant 19 or over who has been enrolled in a South Carolina school during the current school year must complete this form and submit it to the GED<sup>®</sup> Testing Office. This form must be emailed or faxed to the appropriate e GED<sup>®</sup> Testing Office.

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**Section I: APPLICANT**

Complete Section I and submit to the school principal or attendance supervisor of the last South Carolina school that you attended, not including adult education. Type or print in ink.

Applicant's Name \_\_\_\_\_  
  (Last)    (First)    (Middle)

Social Security Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_                          Date Of Birth \_\_\_\_\_

\_\_\_\_\_  
(Today's Date)

\_\_\_\_\_  
(Signature of Applicant)

Please provide your email: This is the only way we will contact if this form is incorrect:

\_\_\_\_\_  
Email address

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**Section II: SOUTH CAROLINA SCHOOL PRINCIPAL OR ATTENDANCE SUPERVISOR**

Section II of this form is to be completed by either the school principal or attendance supervisor of the South Carolina school attended by the applicant. Once this section is completed, return the original copy to the applicant. Please retain a photocopy for the school records.

**This form may not be used by non-South Carolina schools                          Type or print in ink**

School Name \_\_\_\_\_    BEDS Code/SIDN \_\_\_\_\_

The official withdrawal date for the individual listed above is \_\_\_\_\_  
  (Month)    (Day)    (Year)

I certify that the information in Section I of this application has been verified and is correct.

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Signature of School Principal

or

\_\_\_\_\_  
Signature of Attendance Supervisor

\_\_\_\_\_  
Telephone

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**Section III: FOR HOME SCHOOL APPLICANTS**

Section III of this form is to be completed by the administrator of the home school association. Once this section is completed, return the original copy to the applicant. Please retain a photocopy for the association records. Type or print in ink

Name of Home School Association \_\_\_\_\_                          Telephone \_\_\_\_\_

Address: \_\_\_\_\_  
                                (No. Street)    (City)    (State)    (Zip)

I certify that the information in Section I of this application has been verified and is correct. I also verify that the student listed above withdrew from our home school program on:

\_\_\_\_\_  
(Month)

\_\_\_\_\_  
(Day)

\_\_\_\_\_  
(Year)

\_\_\_\_\_  
Signature of Home School Administrator

\_\_\_\_\_  
Title

\_\_\_\_\_  
Today's Date

No applicant under the age of seventeen may take the GED<sup>®</sup> examination, unless they meet specific State requirements. Please contact the GED<sup>®</sup> Testing Office for details. No one under the age of sixteen may take the GED examination for any reason.

Attention School Principal, Attendance Supervisor, or Home School Administrator:

If you have any questions about the completion of this form, please call the GED<sup>®</sup> Testing Office at 800-277-7323 or 803-734-8347 in the Columbia area.