



**FLORIDA GED® TESTING PROGRAM**  
**TESTING ELIGIBILITY EXCEPTION FORM**



This completed form and any other required information should be submitted to assigned district/testing center staff. This staff member will be responsible for transmission of this form to the Florida GED® Testing Office. A list of assigned district/testing center staff is posted here:  
<http://data.fldoe.org/workforce/contacts/default.cfm?action=showList&ListID=65>

If you have any questions, please email [flgedhelp@fldoe.org](mailto:flgedhelp@fldoe.org) or call 1-877-352-4331 (Florida calls only) or 850-245-0449.

Candidate Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Candidate e-mail address: \_\_\_\_\_

District in which the Candidate Resides/Attends School: \_\_\_\_\_

Superintendent of District in which the Candidate Resides/Attends School: \_\_\_\_\_

**Participation in Performance-Based Exit Option (GED® Exit Option) Program**

Pursuant to State Board of Education Rule 6A-6.0212, the GED® tests can be administered under the Performance-Based Exit Option Model if all requirements are met. Mark one of the following:

\_\_\_\_\_ Candidate listed above is participating in the Performance-Based Exit Option Program

\_\_\_\_\_ Candidate listed above is NOT participating in the Performance-Based Exit Option Program

**Waiver of Age Requirements for GED® Testing in Florida**

Pursuant to section 1003.435, Florida Statutes, the minimum age to take the GED® tests to meet the requirements for a high school equivalency diploma is 18 years. A candidate may take the examination after reaching the age of 16, in extraordinary circumstances, as provided for in the rules of the district school board of the district in which the candidate resides or attends school.

I, hereby, certify that the candidate for GED® testing listed above has met the requirements of the district school board for testing of an individual aged 16 and 17 years of age.

\_\_\_\_\_  
 Signature of Superintendent or Designee

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Printed Name of Superintendent/Designee

\_\_\_\_\_  
 Date

If a designee signed above, please submit letter with delegation of authority for the individual with signing rights.