

Rock Hill  Testing Center

VERIFICATION OF WITHDRAWAL FROM SOUTH CAROLINA SCHOOLS

GED 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 bring it to the Rock Hill GED Testing Center.

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)

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**

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