



KEENE COMMUNITY EDUCATION
OFFICIAL GED TESTING CENTER

171 WEST STREET, KEENE, NEW HAMPSHIRE 03431
(603) 357-9041 FAX: (603) 357-9070

GENERAL EDUCATIONAL DEVELOPMENT

**AUTHORIZATION FOR GED TESTING FEES
FOR YOUTH AGES 16 & 17, CODED, INCARCERATED**

As the Official GED Testing Center for southwestern New Hampshire, Keene Community Education receives requests from GED candidates under the age of 18, others up to Age 21 who were coded or for whom an Individualized Education Plan was developed, or who are incarcerated, to register for the GED test. In such cases, students have the anticipation of payment from a school or school district, or from another supporting agency for that testing. In order to streamline the process and secure the candidate's benefits when appropriate, an authorization has been developed on behalf of such candidates registering for any GED test.

On the reverse of this page, please find a form which we are requesting a school, school district or supporting agency use when authorizing or declining payment for a GED candidate for the Practice GED, Official GED, or both. First, **photocopy the authorization form on school or school district or agency letterhead**. Then, complete the letterhead-copied form and return it directly to Katie Delaney, GED Chief Examiner, Keene Community Education, 171 West Street, Keene, NH 03431, or by fax to Katie's attention at (603)357-9070, or by email to kdelaney@sau29.org. The form can also be downloaded from our website at www.keenecommunityed.org - Select "GED Information" from the menu list at left; select "GED Accommodations for Disabilities"; scroll down to end of page; select "Authorization for Payment form."

This written authorization must be received – in advance – in order for the candidate to register for GED testing. If authorization is not received by the GED Testing Center at Keene Community Education, the candidate will not be permitted to test as scheduled.

The New Hampshire Official GED test fee is \$65. Other GED fees are noted on the form on the reverse.

Following is our cancellation/refund policy:

If a candidate is unable to take the test on the scheduled date as registered, the candidate must call 357-0088 or 357-9041 **at least 24 hours before the scheduled test time** (leaving a voice message if necessary—voice mail system records date and time of messages). If the candidate fails to show up and without notice, the fee paid (or billed) will be forfeited. The registration fee is non-refundable, but may be transferred to another date—**only with 24 hour notice**. The registration fee is applicable for one year only.

Thank you very much for your cooperation.

Katie Delaney, MHSA,
Keene Community Education Assistant Director & Chief GED Examiner

ATTENTION: This form must FIRST be copied on school/school district or agency stationery.

On behalf of _____ Date of Birth: _____
(Print the name of the GED candidate)

The school/school district/agency **authorizes** → OR **does not authorize** → payment for the GED® test.
(Please check one box)

- If authorizing, please check the appropriate test:

Practice Test **or** Official Test **or** **both** Practice Test **or** Retest \$15 each
((\$25) (\$65) and Official Test (\$90))

- If not authorizing, please provide the reason: _____

Upon the candidate's registration, such billing shall be sent to:

(Please print) _____ School/School District/Agency

To the attention of: _____ Phone: _____

At the following address: _____

Authorization or Denial of this individual's GED test fee billing is

By: _____ Title: _____
(Please print authorized school/school district/agency's agent name and title.)

Signature _____ Date: _____

Please be sure that all information is complete. Thank you.
