



Mendocino College
High School Equivalency Program

GED PERMISSION TO TEST

Purchase Order #: _____

Student Name: _____

Student ID #: _____

Date of Birth: _____

Phone Number: _____

This student is authorized to take the following GED exams:

(1) Writing (2) Social Studies (3) Science (4) Literature and Arts (5) Math

Exam date: _____ **Time Scheduled:** _____ **Retest (Circle)**

The testing site for this student is:

**Ukiah Adult School
1056 North Bush Street
Ukiah, CA 95482
707-463-5217**

**Lake County Office of Education
55 First Street
Room 304, Box G
Lakeport, CA 95453
707-262-3499**

Instructor's Signature

Date

HEP Specialist II

Date

PLEASE ATTACH ORIGINAL RECEIPT AND RETURN TO HEP STAFF.

FOR OFFICE USE ONLY

Receipt Number: _____

Receipt Date: _____

Fee Charged: _____