

School Recommendation and Certification for GED Testing

Memo To: Renee Froelich Phone: (701) 854-3861
Adult Basic Education Director Fax: (701) 854-3403
Sitting Bull College
1341 92nd St.
Fort Yates, ND 58538

FROM: Name _____
Title _____
School Name _____
Address _____
Phone Number _____

DATE: _____

SUBJECT: Certification and Recommendation

This will certify that _____, _____
(full name) (date of birth)

last attended _____ on _____
(name of school) (last date of attendance)

I recommend that the above name individual be allowed to take the GED test if he/she meets other state requirement for GED testing. In my opinion, the above named individual will not re-enroll in school.

I do not recommend the above named individual for GED testing.

Signature of Superintendent or Authorized Representative

For further information about this release, please contact:

G. David Massey, State Director
Adult Education and Literacy
Department of Public Instruction
600 East Boulevard Ave.
Bismarck, ND 58505-0440

Phone: (701) 328-2393
Fax: (701) 328-4770