

Kentucky Valley Educational Cooperative Adult Education Program Release Form

Authorization for release of GED and other educational records/information.

I, _____ residing at _____, being
(Name) (Address)
an applicant/recipient of Adult Basic Education instruction from Kentucky Valley Educational Cooperative hereby authorize the release of my test scores for the purpose of verifying scores and completing records. I understand the information will be kept confidential and will not be shared with any other agency without my consent. This release form has been read/reviewed with me and I understand its content.

Signature: _____ Date: _____

S.S. #: _____ - _____ - _____ Date of Birth: _____

Marketing Release

I also agree to allow Kentucky Valley Educational Cooperative to release information to the press regarding my success in obtaining a GED.

Signature: _____ Date: _____

Witnessed By: _____ Date: _____

By choosing to work on your GED you have opened a world of opportunity for yourself. The staff here at the Learning Center pledges to work with you in every way possible to help you achieve your dream of obtaining your GED. Good Luck.