School Recommendation and Certification for GED Testing

Memo To: Renee Froelich
Adult Basic Education Director
Sitting Bull College
1341 92nd St.
Fort Yates, ND 58538

Phone: (701) 854-3861
Fax: (701) 854-3403

FROM: Name _____

Title _____

School Name _____

Address _____

Phone Number _____

DATE: _____

SUBJECT: Certification and Recommendation

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

last attended _____ (name of school) on _____ (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
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