



Warren Forest Higher Education Council
589 Hospital Drive, Suite F, Warren, Pennsylvania 16365
814-723-3222
Your Access to Lifelong Learning at www.hi-ed.org
Donna Smith, Program Manager E-mail: dsmith@hi-ed.org

GED EXAM REGISTRATION FORM

Please print ALL information legibly.

Last Name

First Name

Middle Name

Mailing address

City, State, ZIP Code

Phone Number

Circle One:

Male Female

Date of Birth (Month, day, year)

_____ - _____ - _____

Social Security Number

Email Address (Required)

Will you be taking the full GED Examination or a retake? Please circle one:

Full Exam (Cost \$125)

Retake Exam (Cost \$40)

Location of Exam? Please circle one:

Erie

Warren

Date of Pre-session _____

Date of Exam _____

**Please print, fill out form completely/legibly and mail with Money Order (no checks accepted) to:
*DO NOT SEND CASH THROUGH THE MAIL***

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Warren, PA 16365**

REFUND POLICY: Registration cancelled three (3) business days or more prior to exam date will receive a full refund. Registration cancelled with less than three (3) business days notice prior to exam date will receive a credit towards taking a future exam. No shows on the date of exam, without cancellation notification are subject to the full registration fee. No refund or credit will be issued to No Shows.