



**COWLEY
COLLEGE**

Authorization to Verify GED Results

Student Name: _____

Cowley ID: _____

Name(*At time of testing*): _____
Last *First* *MI*

Year Tested: _____

Last 4 of your Social Security Number: XXX-XX-_____

Date of Birth: _____

I, _____, give Cowley College consent to verify my GED results.

Student Signature

Date