**INFORMATION BELOW MUST BE ON SCHOOL/SCHOOL DIVISION LETTERHEAD**

**STUDENT INFORMATION:**

**Name:**

**Date of Birth:**

**Current School Name and Address:**

**Affix student photo here:**

**Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I affirm that the student listed above is enrolled in (list school division here).**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School Administrator Signature Date**

This form expires on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Should there be questions about the acceptability of this form, please contact:

Sue Mansfield, Ed.D.

High School Equivalency Specialist

Office of Career, Technical, and Adult Education Virginia Department of Education

(804)225-3999

Sue.Mansfield@doe.virginia.gov