



**G.E.D.  
Release from Compulsory Attendance**

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student's Street\Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

The above named student is official exempt from compulsory attendance from their assigned school district.  
I/We verify that the above student is at least 16 years of age.

\_\_\_\_\_  
Printed Name of High School Principal

\_\_\_\_\_  
High School/District

\_\_\_\_\_  
Signature: High School Principal

\_\_\_\_\_  
Contact Phone Number

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Student Signature

Form to be sent to BMCC by the High School by:

Email: [studentrecords@bluecc.edu](mailto:studentrecords@bluecc.edu)

Fax: (541) 278-5885

Mail: Blue Mountain Community College, Attn: Testing Center, 2411 NW Carden, Pendleton, OR 97801

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