

Agency and Insurance Company Client: Request for Contact

Worker / Agent Name: _____ # _____ Office/Location: _____

Fax: () _____ Phone: () _____

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Client Name: _____ ID# _____

Phone: () _____ Email: _____

Please contact me to arrange participation in: (Please check the applicable box)

- The GED Readiness Assessment (Analysis of 10 academic skill sets)
- GED Preparation Program (Readiness Assessment Analysis recommends placement)

Additional information:

I, (print name) _____ hereby consent to the sharing of information between _____ (agency) and GED Achievement®.

Applicant Signature: _____ Date: _____

To: Kerri Mutrie Fax: (416) 481-4111 Email: office@ged.ca 1-800-618-6918



Ontario's Premier High School Equivalency Program

www.ged.on.ca

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