

NH HiSET® Testing Program
Request to Waive the Age Requirement for the High School Equivalency Exam (HiSET®)
 Permission for Student under 18 & Release of Information

Student Information

Please bring this completed form to your Testing Center when scheduling to take the HiSET.

Student Name: _____ Date of Birth: _____
 Address: _____ City, State, Zip: _____
 Email: _____ Cell: _____ Home Phone: _____
 Student Signature: _____

To be filled out by HiSET Official Practice Test Administrator

NYP: Not Yet Prepared SP: Somewhat Prepared P: Prepared WP: Well Prepared

Language Arts – Reading _____ Language Arts – Writing _____ Science _____

Social Studies _____ Math _____ * Local test centers may require passing the full battery.

I verify this student has earned the above designations on the Official Practice Tests taken.

 (Printed name of Examiner/Guidance Counselor) (Signature of Examiner/Guidance Counselor) (Date)

 (Name of Testing Center/High School) (Contact Phone Number)

Please attach a copy of the Official Practice Test Results to this Request.

To be filled out by Superintendent of School/SAU or designee:

Student SASID Number: _____

I hereby grant permission for this student to take the HiSET Tests.
 I request that a transcript of this student's HiSET Test Scores be sent to the following school representative:

Name _____

Address _____

City, State Zip _____

 (Printed name of Superintendent or Designee)

 (Name of School District or Agency)

Homeschooled Students

Permission must be granted by the agency originally notified of home schooling intent.

Please check appropriate agency:

NH Department of Education
 Local School District
 Private School

Incarcerated/Institution Students

Permission may be granted by facility superintendent if designated by sending SAU.

 (Signature of Designee) (Date)

 (Contact Phone Number)

To be filled out by a parent/guardian:

I give permission for the student named above to take the high school equivalency tests and for the test results to be sent to the above school district.

Parent or guardian signature: _____ Date: _____

Any person under the age of 18 cannot register for or take the HiSET Exam unless this form has been correctly filled out, signed and returned to the HiSET Testing Center.