

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

**Student Information**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
 ETS ID#: \_\_\_\_\_ Student Signature: \_\_\_\_\_

**To be filled out by HiSET Official Practice Test Administrator**

Scores	Not Yet Prepared	Somewhat Prepared	Prepared	Well Prepared	OPT Version	Date Administered
Language Arts Reading						
Language Arts – Writing						
Science						
Social Studies						
Mathematics						

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)

**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: \_\_\_\_\_

School/Agency: \_\_\_\_\_

Address: \_\_\_\_\_

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

\_\_\_\_\_  
 (Printed name of Superintendent or Designee)      \_\_\_\_\_  
 (Signature of Designee)      \_\_\_\_\_  
 (Date)

**Homeschooled Students**

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

Please check the 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.

**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 results to be sent to the above school district.

Parent or guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit for approval**

Mail to High School Equivalency Office, 21 South Fruit St. Suite 20, Concord, NH 03301 or fax to (603) 271-3454.