

NH Adult Education

Directions for Request to Waive Age Requirement for the High School Equivalency Exam (HiSET or GED) Revised July 2023

INSTRUCTIONS

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

Student Information					
Student Name: _____			Date of Birth: _____		
Address: _____ City, State, Zip: _____					
Email: _____			Phone: _____		
HiSET or GED ID#: _____		Student Signature: _____			
Email Address for Additional Representative: _____					
1. Demonstration of ability to pass the test					
HiSET Official Practice Test	Score Category	OPP Version	Date Administered	GED Ready	Status
Language Arts Reading				Reasoning through Lang Arts	
Language Arts – Writing				Mathematical Reasoning	
Science				Science	
Social Studies				Social Studies	
Mathematics					
2. To be filled out by Superintendent of School/SAU or designee					
3. To be filled out by a parent/guardian					
Submit for approval					

General Information: This form is used by students under the age of 18 to request a waiver from the age requirement for high school equivalency testing. This form should be filled out by the student, include verification of passing either the HiSET Official Practice test or the GED Ready test, signed by a designee of the school district and a parent. The completed form must then be sent to the Bureau of Adult Education for approval prior to scheduling a testing session.

NOTE: Students MUST choose GED OR HiSET, scores cannot be combined between tests. Please complete the appropriate practice test for the chosen test.

Incomplete forms will not be approved.

Availability: This form is available in the following places:

- On the Department of Education website <https://tinyurl.com/HSEWaiver>
- From the Bureau of Adult Education, please call (603) 271-6699.

Recordkeeping:

- Please download the form to computer prior to completing the form.
- Please save a copy (electronic or paper) of each report.
- Students may request a waiver for one test at a time.

What happens next:

The student and representative will be notified via email of the approval by the Bureau of Adult Education.

The student is responsible for registering, booking and paying for the test on the appropriate website.

Student Information Section

This section should be filled out by the student.

Student Name: Please enter the student name as it appears on official government issued photo identification document(s) required for admittance to the testing center.

Date of birth: Please enter the student's date of birth in the following format: mm/dd/yyyy.

Address: Please enter the student's mailing address. This should match the address entered into the test portal.

Email: Please enter the student's email address. This will be used to notify the student of Waiver approval.

Phone: Please enter the student's phone number. This will be used to contact the student if additional information is needed.

HiSET or GED ID#: The student is assigned an ID# in their [My HiSET Account](#) or [MyGED](#) account. This is required in order to process the waiver request.

Student Signature: The student must sign the form. Electronic signatures accepted.

Email Address for Additional Representative:

Enter email address for a representative who will assist the test taker with scheduling the exam.

Demonstration of Ability to Pass the Test Section

This section should be filled out by the individual administering the HiSET Official Practice Test (OPT) or the student for the GED.

For the HiSET Exam

Score Category: Enter NYP (Not Yet Prepared), SP (Somewhat Prepared), P (Prepared), WP (Well Prepared) from the appropriate column using the Are You Ready to Take the HiSET Exam? at: https://hiset.org/s/pdf/HiSET_practice_test_results.pdf

For approval, the score must be at least P (Prepared) or WP (Well Prepared).

OPT Version: Must be OPT 6A or higher

Date Administered: Enter the date that the OPT subtest was administered.

Name of Examiner/Guidance Counselor:

Please enter the name of the individual who administered the OPT.

Name of Testing Center/High School: Please enter the name of the OPT testing location.

Contact Phone Number: Please enter the contact phone number for the OPT administrator in case the Bureau needs to contact for clarification or missing information.

For the GED Ready

Status: Enter Green (Likely to Pass, 145 – 200), Yellow (Too Close to Call, 134-144) or Red (Not Likely to Pass (100 – 133) from the GED Ready Score Report.

For approval, the score must be Green (Likely to Pass, 145 – 200).

Please attach a copy of the GED Ready Score Report.

Superintendent/SAU or Designee Section

This section should be filled out by a representative of the school district.

Student SASID Number: Please enter the student's state assigned student identifier.

Name: Please enter the name of the individual who should receive high school equivalency testing results to be entered into the i4see System or other recordkeeping. This does not have to be the individual granting permission for testing.

Name of School District or Agency: Please enter the name of the school district or agency for the individual granting permission.

Address: Please enter the complete mailing address for the individual who should receive the testing results.

City, State, Zip: Please enter the city, state and zip code for the individual who should receive the testing results.

Printed Name of Superintendent or

Designee: Please enter the name of the individual granting permission for the student to take the test.

Signature of the Designee: Signature of the designee granting permission is required. Electronic signature accepted.

Email Address of Designee: Email address that verification of completion should be send to.

Homeschooled Students

Homeschooled students under 18 are required to obtain permission for testing from whichever agency was originally notified by the parent of the intent to homeschool. In most circumstances, this was the NH Department of Education, the local school district or a private school. Please check off the agency notified.

Incarcerated/Institution Students

Students under 18 residing in a correctional facility or other institution need permission from their original school district to take the test. At many facilities, the sending school has appointed a representative who is authorized to grant permission on behalf of the school district. Please check with the facility's Education Department.

Parent/Guardian

This section requires a parent or guardian signature granting permission for the student to take the test and for scores to be released back to the original school district. Electronic signature accepted.

Submit for Approval

This form must be submitted and approved prior to testing.

Mail: High School Equivalency Office
NH Bureau of Adult Education
21 South Fruit Street, Suite 20
Concord, NH 03301

Fax: (603) 271-3454

DO NOT EMAIL THIS FORM. IT CONTAINS CONFIDENTIAL STUDENT INFORMATION.