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 Score OPT Test Category Version Language Arts Reading Language Arts – Writing Science Social Studies Mathematics	Date Administered Reasoning through Lang Arts Mathematical Reasoning Science Social Studies
I verify this student has earned the above distinction on Official Practice Tests. Name of Examiner/Guidance Counselor: Test center/High School: Contact phone Number: 2. To be filled out by Superintendent of School	Score Report.
Student SASID Number:	Homeschooled Students
I hereby grant permission for this student to take the high school equivalency test.	Permission must be granted by the agency originally notified of home schooling intent.
I request that a transcript of this student's Test Scores be sent to the following school representative: Name:	Please check the appropriate agency: NH Department of Education Local School District Private School
School/Agency:	Incarcerated/Institution Students
Address:	Permission may be granted by facility superintendent if designated by sending SAU.
City, State, Zip:	il designated by sending OAO.
(Printed Name of Superintendent/Designee) (Signature of Des	signee) (Email address of Designee) (Date)
3. To be filled out by a parent/guardian	
I give permission for the student named above to take be sent to the above school district.	te the high school equivalency tests and for the results to
Parent or guardian signature:	Date:
Submit for approval	