

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) 271-4353.