

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.