

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	OPT Version	Date Administered
Language Arts Reading			
Language Arts – Writing			
Science			
Social Studies			
Mathematics			

I verify this student has earned the above distinction on the HiSET Official Practice Tests.
 Name of Examiner/Guidance Counselor: _____
 Test center/High School: _____
 Contact phone Number: _____

GED Ready	Status
Reasoning through Lang Arts	
Mathematical Reasoning	
Science	
Social Studies	

Please attach a copy of the GED Ready Score Report.

2. To be filled out by Superintendent of School/SAU or designee

Student SASID Number: _____

I hereby grant permission for this student to take the high school equivalency test.

I request that a transcript of this student's Test Scores be sent to the following school representative:

Name: _____
 School/Agency: _____
 Address: _____
 City, State, Zip: _____

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.

 (Printed Name of Superintendent/Designee) (Signature of Designee) (Email address of Designee) (Date)

3. 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.