

New Hampshire HiSET™ Testing Program
**HiSET Referral Form 4-Attendance Waiver for Student in Institution
to Take the HiSET Tests
Permission for HiSET Testing and Release of Information**

To: HiSET Chief Examiner at _____ HiSET Testing Center
From: _____, Superintendent of Schools

I certify that _____ has received a
Student Name
waiver from _____ School District for the purpose of
taking the HiSET Tests.

Student date of birth _____
Student SASID number _____

I am attaching an Official Practice Test score report to show that this student has passed all five HiSET practice tests with scores at the Adequately Prepared level or higher.

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 _____

Mailing address

Signature _____ Telephone _____
Superintendent of Schools or Designee

Date _____

To be filled out by student and parent or guardian

Release of Information from Testing Center to Student's School

I have requested a waiver in order to take the HiSET Tests. I give permission for the Chief Examiner at the HiSET Testing Center specified above to release my HiSET Test results to the school representative named above.

Student name _____ Date of birth _____
Student signature _____ Date _____

Representative of Institution--Signature _____ Date _____