



16 and 17 Age Waiver for HiSET® Testing

Personal Information

Name: _____ **Address:** _____
DOB: ____/____/____ _____
ETS ID#: _____
SSN: ____/____/____ **Phone:** (____) _____ - _____

Requirements

The following supporting documentations must be provided along with this form to the Pennsylvania Department of Education to meet the requirements of Title 22, §4.72, Pennsylvania Code.

Please check (✓) the appropriate box:

- 16 and 17 year old youth court ordered to take the HiSET® test
 - A copy of the court order
- all other 16 and 17 year old youth wanting to take the HiSET® test
 - Letter from one of the following stating that passing the HiSET® test is required:
 - Employer;
 - Institution of Postsecondary Education (College, University, Trade School, etc.);
 - Military Recruiter; or
 - Director of State Institution on behalf of residents, patients, or inmates.

I affirm that I am not currently enrolled in a high school program.

Signature of Minor

Date

Parent/Guardian Signature

Date

Forward this form and supporting documentation to the PA Department of Education by one of the following methods:

- 1. Email: (Preferred)** Scan form and supporting documentation and email to: RA-edhse@pa.gov
- 2. Fax:** Fax to: (717) 783-0583 Attention: High School Equivalency Administrator
- 3. Mail** Bureau of Postsecondary and Adult Education
 Pennsylvania Department of Education
 333 Market Street – 12th Floor
 Harrisburg, PA 17126-0333
 Attn: High School Equivalency Administrator