

HiSET Candidate Registration Form

Test Taker Information	
*First or Given Name	
Middle Initial	
*Last or Family Name	
*Date of Birth (MM/DD/YYYY)	
*Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security Number	
Customer Type	<input type="checkbox"/> General Customer <input type="checkbox"/> OPTIONS <input type="checkbox"/> Supervised Managed
*Email	
Address & Contact Information	
*Address line 1	
Address line 2	
*City	
*State	
*Postal Code	
*Phone	
*Type of Phone Number	<input type="checkbox"/> Landline <input type="checkbox"/> Cell phone
Additional Information	
*Preferred Language for Test Taking	<input type="checkbox"/> English <input type="checkbox"/> Spanish
*Did you use an adult education program to prepare for the HiSET test?	<input type="checkbox"/> Yes <input type="checkbox"/> No
*If yes, in what state is the program located?	
*If yes, what is the name of the program?	
Background Information	
*What is your ethnicity?	<input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> I prefer not to respond
*If Hispanic, what is your Hispanic origin?	<input type="checkbox"/> Mexican, Mexican American or Chicano <input type="checkbox"/> Puerto Rican or Puerto Rican American <input type="checkbox"/> Cuban or Cuban American <input type="checkbox"/> Other
*What is your race? Select all that apply.	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> I prefer not to respond
*Do you communicate better (or as well) in English than in any other language?	<input type="checkbox"/> Yes <input type="checkbox"/> No