



16 and 17 Age Waiver for HISET® Testing

Personal Information

Name: _____ Address: _____

DOB: ____ / ____ / ____ _____

HiSET ID#: _____ 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 Pa Code §4.72.

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.

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. Mail** Bureau of Postsecondary and Adult Education
Pennsylvania Department of Education
607 South Drive – 3rd Floor
Harrisburg, PA 17120
Attn: High School Equivalency Administrator