*hiset®

HiSET Candidate Registration Form

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