

Ohio High School Equivalence Test Consent Form

Date

Applicant Name (please print)

_____/_____/_____
Date of Birth

Applicant Address

Applicant Phone Number

Applicant City, State, Zip

NOTE: If you are 16 or 17 years of age, this form must be completed and the original sent to the Ohio High School Equivalence Office along with a copy of the withdrawal form signed by a school official.

I, _____
Parent/Guardian/Court Official Signature Parent/Guardian/Court Official Name Date

grant consent for _____
Applicant Name (please print) _____
Date of Birth

to take the Official Ohio High School Equivalence Test.

RELATIONSHIP TO APPLICANT:

Parent Guardian (Must attach copy of court order appointing guardianship or emancipation.)

Court Official (Must attach a copy of court order.)

NOTARY:

Subscribed before me in the City of _____ County of _____,

State of _____, United States of America, this _____ day of _____, 20____.

Notary Signature

NOTARY PUBLIC STAMP _____ **COMMISSION EXPIRATION DATE** ____/____/____

Ohio High School Equivalence Office
Ohio Department of Education
25 S. Front St., MS 622
Columbus, OH 43215

**NO FAXES
ACCEPTED**