

Ohio HSE Consent Form Computer/Paper Based Test



_____ Date

_____ Applicant Name (please print) _____ / / _____ Date of Birth

_____ Applicant Address _____ Applicant Phone Number

_____ Applicant City, State, Zip _____ Valid Email Address

ASSESSMENT TEST:

GED® HiSET Student ID

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** _____ / _____ / _____

State of Ohio HSE Office
Ohio Department of Education and Workforce
25 S. Front St., MS 622
Columbus, OH 43215

**NO FAXES
ACCEPTED**