# RELEASE FORM FOR 16- AND 17-YEAR-OLD STUDENTS

### Adult Basic Education Enrollment and/or High School Equivalency (HSE) Testing

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>MIDDLE INITIAL</th>
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**SOCIAL SECURITY NUMBER:**

**DATE OF BIRTH:**

<table>
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<tr>
<th>MM</th>
<th>DD</th>
<th>YYYY</th>
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**LAST SCHOOL ATTENDED:**

<table>
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<tr>
<th>SITE</th>
<th>DISTRICT</th>
<th>STATE</th>
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**MONTH AND YEAR APPLICANT LAST ATTENDED SCHOOL:**

<table>
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<th>MONTH</th>
<th>YEAR</th>
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**LAST GRADE COMPLETED:**

- [ ] BELOW 8TH GRADE
- [ ] 8TH GRADE
- [ ] 9TH GRADE
- [ ] 10TH GRADE
- [ ] 11TH GRADE
- [ ] 12TH GRADE

### TO BE COMPLETED BY THE PARENT AND/OR GUARDIAN:

I hereby affirm that I am the (please check one)  
- [ ] parent  
- [ ] guardian  

of the applicant listed above, a legal resident of the _______________________________________________________ District. It is in her/his best interest to attend Adult Basic Education classes and/or to take the High School Equivalency (HSE) exam.

**PARENT OR GUARDIAN’S SIGNATURE:**

__________________________________________________________

### TO BE COMPLETED BY A SCHOOL ADMINISTRATOR:

The Administration of the ____________________________________________ School District concurs with the preceding statement and certifies that the applicant listed above is not currently enrolled in school.

**PRINCIPAL OR SUPERINTENDENT’S SIGNATURE:**

__________________________________________________________

Subscribed and sworn to me this ___ day of ____________, 20___

Notary Public signature: ______________________________________

My commission expires on the ___ day of ____________, 20___

### TO BE COMPLETED BY THE CHIEF EXAMINER OR ALC DIRECTOR:

I approve the candidate listed above for Adult Basic Education classes and/or High School Equivalency testing.

Chief Examiner or ALC Director (please print):

__________________________________________________________

**SIGNATURE:**

__________________________________________________________

Name of HSE candidate’s testing site:

__________________________________________________________