



The Commonwealth of Massachusetts Department of Elementary and Secondary Education

Verification of Eligibility for High School Equivalency Testing in Massachusetts

To be filled out by the candidate prior to HiSET™ testing.

Full Name: _____

Date of Birth: _____

- Have you graduated from high school or received a high school credential in any state, or other country? Yes: _____ No: _____

If yes, where and when: _____

- Are you at least 16 years old as of today? Yes: _____ No: _____

(If 16 or 17, you must provide the letter of withdrawal to verify you have officially withdrawn to each test center you go to for testing.)

- Last grade completed: _____

- Are you a resident of Massachusetts? Yes: _____ No: _____

Legal Address in Massachusetts

City/Town/Zip

Candidate's Signature

Guardian's Signature (If Applicable)

Date

If the information provided on this form is found to be incorrect, the Official Test Center can refuse to administer the HiSET Tests.