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  (If 16 or 17, you must provide the letter of withdrawal to verify you have officially withdrawn to each test center you go to for testing.)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

http://www.doe.mass.edu/hse/  Elig.form rev. 9.9.14