

# 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     TASC

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  
25 S. Front St., MS 622  
Columbus, OH 43215

**NO FAXES  
ACCEPTED**