

***Enter Adult Education Provider Name******Enter AE Provider Street Address******Enter AE Provider City, State, ZIP Code***

**Consent to Obtain High School Equivalency (HSE) Test Results**

I, *Enter Student's Name*, give my consent to *Enter Program Official Title*, commonly known as *Enter Program Name*, to obtain the results of my HSE testing.

I understand that all information obtained by *Enter Program Name* will be maintained in accordance with the Family Educational Rights and Privacy Act (“Act”) and will only be used for the following purposes:

* Information regarding the annual commencement ceremony;
* Determining eligibility for available scholarships and notifying me of the same;
* Tracking student progress through the HSE program; and
* Responding to all mandated state reporting requirements.

By signing this form I acknowledge that *Enter Program Name* may obtain my official HSE test results and give permission for all such results to be provided to *Enter Program Name*.

                 

Printed Name Date of Birth Signature Date