



Adult Education Provider:

Program Official Title:

Program Name:

Street Address:

City/Town, IL ZIP Code:

Consent to Obtain High School Equivalency (HSE) Test Results

I, _____, give my consent to _____,
commonly known as _____, to obtain the results of my HSE testing.

I understand that all information obtained by _____ 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 _____ may obtain my
official HSE test results and give permission for all such results to be provided to

Printed Name

Date of Birth

Signature

Date