

COOK COUNTY HIGH SCHOOL EQUIVALENCY RECORDS OFFICE

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Website: <http://www2.iccb.org/cookcountyhse/> • Email: ICCB.CookHSE@Illinois.gov

Authorization for Disclosure of High School Equivalency Test Information

I authorize the Cook County HSE Records Office to provide my GED/HiSET/TASC Test information and/or educational information to the following company, institution or individual:

At the following address, e-mail, or fax:

The specific GED/HiSET/TASC test information and/or records that I am authorizing the Cook County HSE Records Office to release are: (Please indicate the specific test center and test date (s) for which the GED/HiSET/TASC test results are being requested)

All Cook County-held Testing Records

Past, current, and subsequent test dates

Test Center: _____

Test Date(s): _____

In requesting and authorizing disclosure of these GED/HiSET/TASC test information and/or records, I hereby agree to the following:

- I understand and acknowledge the Cook County HSE Records Office's right to make an independent determination, at its sole discretion of whether the information and records identified above are subject to disclosure under the Cook County GED/HiSET/TASC Testing Program's policies for disclosing information to third parties.
- I hereby release the Cook County HSE Records Office, its employees, its attorneys, its governing bodies, and its agents from any and all liability and claims of every kind and character that are based upon or relate in any way to the disclosure of information in accordance with this authorization of any actions of third party identified above.
- I authorize the Cook County HSE Records Office to release my GED/HiSET/TASC test scores upon the request of the specified above to the third party identified above.
- I agree that this authorization is valid until such time as the Cook County HSE Records Office has received written notice from me (or from me and my parent or guardian, if I am a minor) withdrawing permission to disclose the documents or information specified above to the third party identified above. In the event that permission is withdrawn, the Cook County HSE Records Office shall nevertheless remain fully protected from any and all claims and liability relating in any way to information release by the Cook County HSE Records Office prior to its receipt of the written withdrawal notice and to any actions of the third party.

I have read this authorization carefully and hereby acknowledge that I fully understand it. I further affirm that I am giving this authorization knowingly of my own free will.

Candidate's Name: _____

(Name During Testing)

Candidate's Name: _____

(Current Legal Name)

Candidate's Signature: _____

Today's

Date: _____

Candidate's Last 4 Digits
of Social Security Number: XXX-XX- _____

Candidate's
Date of Birth _____

GED®/HiSET®/TASC™

Student Identification Number: _____

Signature of Candidate's
Parent or Guardian: _____

(If Candidate is under 18 years of age)

Today's

Date: _____

STATE OF ILLINOIS HIGH SCHOOL DIPLOMA
