The Commonwealth of Massachusetts
Department of Elementary and Secondary Education

Verification of Eligibility for High School Equivalency Testing in Massachusetts

If the information provided on this form is found to be incorrect, the Official Test Center can refuse to administer the HiSET Tests.

Full Name: __________________________________________ SSN: ______________________

• 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: ________

____________________________
Date of Birth

(If 16 or 17 must provide the letter of withdrawal from last school attended verifying you have withdrawn to the test center.)

• Are you a resident of Massachusetts? Yes: ________ No: ________

____________________________
Current Address in Massachusetts

____________________________
Candidate’s Signature

____________________________
Guardian’s Signature (If Applicable)

____________________________
Date

Elig.form rev 2.26.14