## Request for Admission to Test
### Age Waiver for High School Equivalency Diploma

### TO BE COMPLETED BY APPLICANT (print in blue ink)

<table>
<thead>
<tr>
<th>Testing Candidate Name (Last, First, Full Middle)</th>
<th>Social Security Number</th>
<th>Birth Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Street Address</td>
<td>Home Phone</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
<td>Zip</td>
</tr>
<tr>
<td>Last School Attended</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent/Guardian Name</td>
<td></td>
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</tbody>
</table>

**Signature of Testing Candidate**

**Signature of Parent/Guardian (if applicable)**

**I grant permission for my HSED testing data to be released to the school district for statistical purposes.**

### INSTRUCTIONS

Applicants 17 and 18 years of age applying for admission to test may do so by contacting their home school district; they will be referred to the designated employee(s) for that district. The designated employee(s) must determine if the applicant is not enrolled. (This includes participating in any extracurricular activities associated with the district.)

### TO BE COMPLETED BY DESIGNATED EMPLOYEE(s)

**APPLICATION APPROVAL (must check one box)**

- **APPLICATION APPROVED.** As the designated employee, I certify that the applicant is not enrolled with the school district.

- **APPLICATION DISAPPROVED.** Comments:

<table>
<thead>
<tr>
<th>Signature of Designated Employee(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name</td>
</tr>
<tr>
<td>School District Name</td>
</tr>
</tbody>
</table>

Submit completed application form to the community college where HSED testing will take place.

ATT-2
Instructions for Completing the
Request for Admission to Test

Instructions are provided below. DO NOT ALTER THE FORM IN ANY WAY OR IT WILL BE REJECTED. Completed forms may be returned to the local community college Adult Education and Literacy program.

Instructions for Completing the Request for Admission to Test
1. Please type or print legibly. This will help eliminate misspellings and the need to resubmit the application.
2. Complete ALL items.
3. If the applicant is under the age of 18, a parent or guardian must acknowledge the information provided by also signing and dating the form.
4. The responsible designated employee must sign and date the form and clearly indicate whether the applicant is approved or disapproved.

General Information: Pursuant to the authority of Iowa Code section 256.7(5), the State Board of Education amended Chapter 32, “High School Equivalency Diploma,” Iowa Administrative Code, which became effective May 22, 2013. The amendments are intended to implement Iowa Code Chapter 259A. Item 7 relates to admission to testing and age requirements:

281—32.8(259A) Admission to testing. No one under 16 years of age is allowed to test. Testing of 16-year-olds is restricted to these conditions: (a) resident of an Iowa juvenile institution; or (b) under the supervision of a probation office. To take the high school equivalency test, anyone 17 years of age or older who is not enrolled in a secondary school or who is not a high school graduate may be admitted to testing. The only requirements for admission for testing are proof of age and, for an applicant 17 or 18 years of age, consent of the applicant’s parent or guardian and verification of non-enrolled status. The applicant cannot receive a diploma until the applicant has reached 18 years of age and the applicant’s class from ninth grade has graduated.

Verification of non-enrolled status is satisfied with the submission by the responsible designated employee from the last school district that the testing candidate attended this form.