



**STATE OF NEW MEXICO High School Equivalency (HSE)—TESTING PROGRAM**  
 2044 Galisteo St. Suite #4, Santa Fe, NM 87505  
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**Underage Permission/Hardship/Withdrawal Form to Take the HSE Tests**

On \_\_\_\_\_ (date) \_\_\_\_\_ (student's printed name) seeks permission to take the HSE Tests at: \_\_\_\_\_ (testing location).

All students under the age of 18 seeking to take the HSE Tests must first obtain parental/guardian consent and then gain permission for withdrawing from the district superintendent or designee of the school of last attendance. Finally, there must be a demonstrated hardship that explains why the student is withdrawing from school.

If the student is home schooled, the home school operator is responsible for signing this form, which is to include the home school operator's confirmation number. **A New Mexico high school equivalency credential and one transcript will be issued to all students who successfully pass the HSE Tests.**

**All information in this box is required and must be completed by the school district**

Date of Birth (from school records): ____ / ____ / ____ Gender: M ____ F ____ Ethnicity: _____	Date of Withdrawal from School: <input type="checkbox"/>
Highest Grade Completed: (circle one) 6 7 8 9 10 11 12 other _____	<input type="checkbox"/> Check here if student is home schooled _____ Home school confirmation number

The parent/guardian must provide a description of the hardship, explaining why the student cannot remain in high school and wishes instead to obtain a High School Equivalency Credential through HSE testing. School districts may require additional supporting documentation to demonstrate the hardship. (Continue your explanation on back, if necessary.)

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*Because of the above stated hardship, we agree that the student/minor shall be permitted to take the HSE Tests. Approval is granted once the form is completed, all signatures are obtained, and the form is submitted to the testing center.*

\_\_\_\_\_  
 Parent/Guardian (signature)

\_\_\_\_\_  
 District Superintendent/ Designee/ Home School Operator (Signature)

\_\_\_\_\_  
 Parent/Guardian (printed name)

\_\_\_\_\_  
 District Superintendent/Designee/ Home School Operator (printed name)

\_\_\_\_\_  
 HSE Test Site Manager/Chief Examiner (signature)

\_\_\_\_\_  
 Public School District/ Home School

\_\_\_\_\_  
 HSE Test Site Manager/Chief Examiner (printed name)