RELEASE FORM FOR 16- AND 17-YEAR-OLD STUDENTS

For Adult Education Enrollment and/or High School Equivalency (HSE) Testing

Oklahoma Department of Career and Technology Education
Lifelong Learning Division

1. APPLICANT'S NAME:_____TODAY'S DATE:_____
2. APPLICANT'S SOCIAL SECURITY NUMBER: _____-____-_____
3. APPLICANT'S DATE OF BIRTH:_____
4. LAST SCHOOL ATTENDED (include school site, district and state):_____
5. IN WHAT MONTH/YEAR DID YOU LAST ATTEND SCHOOL? _____
6. LAST GRADE COMPLETED: _____

TO BE COMPLETED BY THE PARENT/GUARDIAN:
I hereby affirm that I am the (circle one) PARENT GUARDIAN

of the above listed applicant, who is a legal resident of the _____ School District and that I agree that it is in her/her best interest to attend adult education classes and/or to take the High School Equivalency (HSE) tests.

Signature of Parent/Guardian: _____

TO BE COMPLETED BY A SCHOOL ADMINISTRATOR:
The Administration of the _____ School District is in concurrence with the above statement and certifies that the above listed applicant is not currently enrolled in school.

Signature of Principal or Superintendent _____

Subscribed and sworn to me this _____ day of _____, _____.

Notary Public Signature

_____

My commission expires on the _____ day of _____, _____.

TO BE COMPLETED BY THE CHIEF EXAMINER OR ADULT LEARNING CENTER (ALC) DIRECTOR:
I approve the above listed candidate for adult education classes and /or High School Equivalency (HSE) Testing.
Name of Chief Examiner or ALC Director Signature

_____ _____

Name of High School Equivalency (HSE) Candidate's Testing Site

_____