



# STATE OF NEW MEXICO

## Underage Permission Form

On (date) \_\_\_\_\_ (student's printed name) \_\_\_\_\_ seeks permission to (mark one option below):

- Participate in an Adult Education (AE) or Adult Literacy (AL) Program
- Take a High School Equivalency (HSE) test (HiSET® or GED®)

**Instructions for using this form to participate in an Adult Education or Adult Literacy Program:** Complete this form and ensure it is signed by the student's parent/guardian and the director of the AE or AL program in which the 16- or 17-year old individual wishes to participate. Then, email it to the State HSE Administrator, Dr. Katya Backhaus, for signature: [Katya.Backhaus@state.nm.us](mailto:Katya.Backhaus@state.nm.us). The Administrator will keep a copy at the State Adult Education Division, NMHED, and also return a signed copy to the program. A digital (preferred) *or* paper copy must be kept in the student's file at the program for at least 5 years.

**Instructions for using this form to take an HSE test:** Complete this form and ensure it is signed by the student's parent/guardian. Then, email it to the State HSE Administrator, Dr. Katya Backhaus, for signature: [Katya.Backhaus@state.nm.us](mailto:Katya.Backhaus@state.nm.us). The Administrator will keep a copy at the State Adult Education Division, NMHED, and also return it to the requestor. Turn the signed form in at the HSE testing site. *In cases of remote-proctored tests, the state HSE Administrator will sign this form for the Test Site Manager as well.*

Individuals *under* the age of 16 may not receive any of the above-listed services.

Student's date of birth \_\_\_\_\_ Date of withdrawal from school, if applicable \_\_\_\_\_

Name, city, and state of school from which student withdrew. If not applicable, you may leave blank.:

School name: \_\_\_\_\_ School city and state or country: \_\_\_\_\_

Was the student homeschooled? (mark one)  YES  NO

Please provide a description of the situation that resulted in the student's withdrawal from school and/or decision to seek the services and opportunities mentioned above. (Continue your explanation on the back, if necessary.)

Because of the above-stated situation, we agree that the underage individual shall be permitted to participate in an Adult Education or Adult Literacy program or take an HSE test.

Parent/Guardian (*signature, printed name*) \_\_\_\_\_

Test Site Manager **OR** AE/AL program director (*signature, printed name*) \_\_\_\_\_

(**Note:** Test site manager signature is needed only in case of HSE tests.  
AE/AL director signature needed only for participation in an AE/AL program.)

Approved by the HSE Administrator (*signature*) \_\_\_\_\_