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. 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. 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)* _____

In case of a bounced email or delayed response, please feel free to reach out to Adult.Education@state.nm.us **Updated: July 2022 Authority: 6.30.3 NMAC**