**Sample Template** | Adult Education Providers | Indiana HSE Test Centers

**RELEASE FORM | PERMISSION FOR ACCESS TO EDUCATIONAL RECORDS**

This Release allows Indiana high school equivalency (“HSE”) examinees and adult education students to grant access to their educational records to an Indiana HSE test center/adult education program. The Family Educational Rights and Privacy Act of 1974 (“FERPA”) prohibits access to, or release of, educational records or personally identifiable information contained in such records (other than directory information\*) without the written consent of the student and/or examinee, with certain regulatory exceptions. A description of rights under FERPA may be found at <https://studentprivacy.ed.gov/>.

Student/Tester Name (Please Print): If the student is under the age of 18, a parent would need to sign the consent form. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HiSET® Test Identification Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, the undersigned, hereby authorize the release of the following educational records and information (identify records or types of records below) from DiplomaSender to an Indiana HSE test center/adult education program –

State of Indiana HSE Diploma State of Indiana HSE Transcript

These records should be released to the following Indiana HSE test center/adult education program (identify name and address of person/agency to receive information) – \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

These records are being released for the purpose stated below – \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that I can revoke consent to this Release at any time by submitting, in writing, a request to revoke to this Indiana HSE test center/adult education program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student/Tester Signature Date

\*Directory information may be provided without written consent. Directory information may include such information as a student’s name, attendance dates, home and e-mail addresses, telephone number, date and place of birth, credits completed, previous schools attended, and degrees, honors, and awards received. This information may be released to anyone, unless restricted by written authorization of the examinee/student. Contact the Indiana HSE test center/adult education program if you wish to restrict this information.