

## Authorization to Disclose HSE

I (We) hereby authorize the NJ Department of Education and the applicable HSE user jurisdiction (collectively the "HSE Testing Program") to provide copies of the documents, information, and/or records identified below to:

Site/Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ NJ ZIP Code \_\_\_\_\_

The specific information, documents, and/or records that I am authorizing the NJ Department of Education; HSE Testing Program to release are: (List the particular test and specific test date(s) for which materials are being requested.)

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

In authorizing the release of this information, I hereby agree to the following:

1. I understand and acknowledge the HSE Testing Program's right to make an independent determination, at its sole discretion of whether the information and records identified above are subject to disclosure under the HSE Testing Program's policies for disclosing information to third parties.
2. I hereby release the NJ Department of Education, the HSE Testing Program, its employees, its attorneys, its governing bodies, and its agents from any and all liability and claims of every kind and character that are based upon or relate in any way to the disclosure of information in accordance with this authorization of any actions of the third party identified above.
3. I agree that this authorization is valid until the NJ Department of Education; HSE Testing Program has received written notice from me (or from me and my parent or guardian, if I am a minor) withdrawing permission to disclose the information specified above to the third party identified above. If I withdraw permission, the NJ Department of Education; HSE Testing Program shall nevertheless remain fully protected from any and all claims and liability relating in any way to information released by the NJ Department of Education; HSE Testing Program before it receives my written withdrawal notice and to any actions of the third party.
4. I understand that, subject to its independent determination, the NJ Department of Education; HSE Testing Program will disclose the designated material that it has at the time it receives my request. I also understand that unless I submit an additional request, the HSE Testing Program will not provide information that becomes available at a later date.

I have read this authorization carefully and hereby acknowledge that I fully understand it. I further affirm that I am giving this authorization knowingly of my own free will.

\_\_\_\_\_  
Candidate's Name (print)

\_\_\_\_\_  
Candidate's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Candidate's SSN/SIN

\_\_\_\_\_  
Signature of Candidate's Parent or Guardian  
(if candidate is under 18 years of age)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of Birth

If you have ever taken the HSE test under a different name, provide that name \_\_\_\_\_