

Consent to Release GED/HSED Verification

I give consent to the Wisconsin Department of Public Instruction to release verification of my GED/HSED to Nicolet College.

Name (or names) at time of testing: _____

Full date of birth (*mm/dd/yyyy*): _____

Last four digits of the social security #: _____

Approximate year when tests were taken (if known): _____

Location of testing (if known): _____

Signature: _____