

ATTACHMENT H

The University of the State of New York
 THE STATE EDUCATION DEPARTMENT
 High School Equivalency (HSE) Office
 P.O. Box 7348, Albany, New York 12224-0348
 (518) 474-5906

REQUEST FOR DUPLICATE COPY OF NEW YORK STATE HIGH SCHOOL EQUIVALENCY DIPLOMA AND/OR TRANSCRIPT OF GED®/TASC™ TEST SCORES

**PLEASE
 STAPLE MONEY ORDER
 OR
 CERTIFIED CHECK HERE**

CFLN:

Please provide the following information to assist us in locating your test records.
 Your signature **is required** in the space provided.
 IF YOU ARE REQUESTING INFORMATION ON BEHALF OF THE CANDIDATE,
PLEASE BE ADVISED THAT THE CANDIDATE MUST ALSO SIGN THE RELEASE

PLEASE PRINT CLEARLY IN INK

Please check: Diploma & Transcript (\$10.00) Transcript Only (\$4.00)

Candidate Information:

Last Name at Time of Testing		First Name	MI	Date of Birth Month Day Year	
Social Security Number [][]-[][]-[][][][][][]		Center/Place Where You Tested		Year Tested	
Current Address—Street/PO Box				Apt #	
City		State		Zip Code	

Daytime Weekday Contact Phone Number

()

REQUIRED CANDIDATE SIGNATURE (IF APPLICABLE, I GIVE PERMISSION TO THE INDIVIDUAL BELOW TO OBTAIN INFORMATION ON MY BEHALF.)

Date

SIGNATURE OF PERSON REQUESTING VERIFICATION, IF OTHER THAN THE CANDIDATE, IS ALSO REQUIRED:

Date

Please Mail Document to:

Name of Institution (If Applicable)			
Last Name		First Name	Middle Initial
Street			Apartment No.
City	State	Zip Code	Phone Number ()

NOTE: A **non-refundable processing fee of \$10.00** (diploma with transcript) and **\$4.00** (transcript only) is required for each document requested. The required fee, made payable to **NYSED**, must be in the form of a **certified check** or **money order** for each request. **NO CASH or PERSONAL CHECKS** will be accepted. The diploma and/or transcript will not be sent until the required fee is submitted to this office.

Please send your request to the above address.