

# ATTACHMENT H

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

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

CFLN:

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

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 and allow 6–8 weeks for processing.**