

**Applicant Must Affix Money Order for Processing. Do not send Check or Cash**

The University of the State of New York  
 THE STATE EDUCATION DEPARTMENT  
 High School Equivalency (HSE) Office  
 89 Washington Avenue, EBA 460, Albany, NY 12234  
 518-474-5906 [hse@nysed.gov](mailto:hse@nysed.gov)

**For Office Use Only**  
  
 TR:

- o A non-refundable processing fee of \$10.00 (diploma with transcript) or \$4.00 (transcript only or failure notice) is required for each document requested.
  - o The required fee, made payable to NYSED, must be in the form of a MONEY ORDER or a Certified Check for each record request.
  - o Be sure to complete the purchaser information on the money order, and sign it if required, or the money order will be returned to you with your application.
  - o NO CASH or PERSONAL CHECKS will be accepted.
  - o For international document requests, a pre-paid, self-addressed return envelope that is at least 6 by 9 inches must be included with this form.
  - o International money orders must be drawn on a U. S. bank.
- |   |  |                                      |  |
|---|--|--------------------------------------|--|
| Number of Diplomas with Transcript(s) (\$10 each) |  | Number of Transcript Only (\$4 each) |  |
|---|--|--------------------------------------|--|

**Attachment H Form: Duplicate Request HSE Records Only**

**If you are looking for a high school record, contact the school district or borough directly.**

The processing fee will not be refunded if no HSE record is found.

Document Holder Information					
<b>Name at Time of Testing:</b>					
Last Name:		First Name:		MI:	
List Other Name(s): (If Applicable – Maiden, alias, nickname, etc.)					
Last 5 Digits of SSN:		HSE ID or GED ID (If known):		Test Center/Agency Name or City:	
Date of Birth: ____/____/____ mm dd yyyy		HSE Pathway: <input type="checkbox"/> GED®/TASC™ <input type="checkbox"/> 24-College Credit <input type="checkbox"/> NEDP <input type="checkbox"/> COVID Waiver			Approx. Date Earned:
Street Address:			Apt.	City:	State: Zip:
Email:			Phone Number:		

<input type="checkbox"/> Mail the Diploma and/or Transcript to (if other than to the address indicated above):					
Name of institution (college, employer, etc.):			Attention (contact name, registrar, admissions, etc.):		
Street Address (include building number, or other specific information):			City:	State:	Zip:
Email:			Phone Number:		

Examinee Affirmation	
_____ <b>Applicant Signature (Required)</b>	____/____/____ mm dd yyyy
Required Signature of Person Requesting Verification (If other than the document holder)	
_____ <b>Signature</b>	____/____/____ mm dd yyyy

**Mail this document, with a money order to the address indicated on the top of this form. The form must be mailed. At this time there is no fax, electronic mail, or other options for picking up duplicate requests.**