NEW HAMPSHIRE HIGH SCHOOL EQUIVALENCY
TRANSCRIPT REQUEST FORM

To receive a transcript, please fill out the form completely. Please write clearly to be sure your information is easy to read.

The fee for a transcript is $10.00. Please mail $10.00 in a check or money order made payable to the State of New Hampshire with your completed Transcript Request form.

Mail to: High School Equivalency Testing Program
        NH Department of Education,
        21 South Fruit Street, Suite 20
        Concord, NH 03301.

Transcript you are requesting (Check one.)  GED __  HiSET__

FULL NAME AT THE TIME OF TESTING:

__________________________________________________________

DATE OF BIRTH: __________________________________________

FOR GED: SOCIAL SECURITY # (last 4 digits accepted) _____________________
FOR HiSET: HiSET ID # _____________________________

YEAR CERTIFICATE WAS ISSUED: ________________________
(Some records are filed by year; give a range of years if you are not sure.)

TOWN RESIDED IN AT TESTING TIME: ________________________

PLACE (TOWN) TESTED: ________________________________

PRESENT NAME: ________________________________________

PRESENT ADDRESS:

__________________________________________________________________________

City: ___________________________ State: ______________________ Zip: _______

DAYTIME PHONE: ________________________________

ADDRESS TO SEND TRANSCRIPT (if different from your address, above):

Name: ________________________________________________

Address: ________________________________________________

__________________________________________________________________________

City: ___________________________ State: ______________________ Zip: _______

SIGNATURE: ____________________________________________________________

When your transcript request is received, it will be processed within two business days.