

**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.