

**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
25 Hall Street
Concord, NH 03301.**

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

FULL NAME AT THE TIME OF TESTING:

DATE OF BIRTH:

SOCIAL SECURITY # (last 4 digits accepted)

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 above):

Name:

Address: _____

City: State: Zip:

SIGNATURE: _____

Please feel free to print copies of this form. **When your transcript request is received, it will be processed within two business days.**