

**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.**