

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

For Office Use Only
 TR:

- 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.
 - The required fee, made payable to NYSED, must be in the form of a MONEY ORDER or a Certified Check for each record request.
 - 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.
 - NO CASH or PERSONAL CHECKS will be accepted.
 - 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.
 - 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) |
|---|--------------------------------------|

Application 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					
Name at Time of Testing:					
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 checked="" 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 checked="" type="checkbox"/> Mail the Diploma and/or Transcript to (if other than to the address indicated above):			
Name of institution (college, employer, etc.): Trocaire College		Attention (contact name, registrar, admissions, etc.): Admissions Office	
Street Address (include building number, or other specific information): 360 Choate Ave		City: Buffalo	State: Zip: NY 14220
Email: Info@Trocaire.edu		Phone Number: 716.827.2545.	

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