

THE NEW YORK STATE EDUCATION DEPARTMENT
 High School Equivalency (HSE) Office
 89 Washington Avenue, EBA 460
 Albany, New York 12234

Application H Form: Duplicate Request High School Equivalency Records Only

If you are looking for a high school record, contact the school district or borough directly.

**Document can also be ordered online with a credit card payment, please see:
aces.nysed.gov/hse/duplicate-diplomas-andor-transcripts**

Instructions:

Enclose a certified check or money order payable to the New York State Education Department:

- The processing fee will not be refunded if no HSE record is found.
- \$5 for a copy of an official transcript and \$10 for a copy of a duplicate diploma (transcript included).
- Do not send cash or personal checks. Money orders need to be completed in full and signed.
- For international document requests, a pre-paid, self-addressed return envelope, that is at least 9 inches, must be included with this form. No international money orders will be accepted.

Mail this document with a completed money order to the address indicated on the top of this form.

Part A: Document Holder Information

First Name (at Time of Testing)	Middle Initial	Last Name (at Time of Testing)	Suffix
List other Name(s): (if applicable -Maiden, alias, nickname, etc.)		Last 4 of social security number:	
Date of Birth (mm/dd/yyyy)	Applicant telephone number	Email Address (print neatly and clearly)	
Mailing Address (Street/P.O. Box)			Apartment Number
City		State	Zip Code
GED ID or HSE ID (if known):	Test Center/Agency Name or City:	Approximate Year Diploma was Earned:	
HSE Pathway:	<input type="checkbox"/> GED®/TASC	<input type="checkbox"/> 24-College Credit	<input type="checkbox"/> NEDP <input type="checkbox"/> COVID Waiver
Type of Document(s):	Diploma & Transcripts		Total Cost:
	Transcripts Only		

Part B: Mail the Diploma and/or Transcript to (if other than to the address indicated above):

Name of institution (college, employer, etc.):				Attention (contact name, registrar, admissions, etc.):			
Street Address (include building number, or other specific information):			City:	State:	Zip:		
Email:				Phone Number:			

By signing below, I am attesting that the information provided above is accurate.

Applicant Signature:	Today's Date: