

ATTACHMENT H

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
GED Testing Office
P.O. Box 7348, Albany, New York 12224-0348
(518) 474-5906

REQUEST FOR DUPLICATE COPY OF NEW YORK STATE HIGH SCHOOL EQUIVALENCY DIPLOMA AND/OR TRANSCRIPT OF GED TEST SCORES

Please provide the following information to assist us in locating your test records.
Your signature **is required** in the space provided.
IF YOU ARE REQUESTING INFORMATION ON BEHALF OF THE CANDIDATE,
PLEASE BE ADVISED THAT THE CANDIDATE MUST ALSO SIGN THE RELEASE

PLEASE PRINT CLEARLY IN INK

Please check: Diploma & Transcript (\$10.00) Transcript Only (\$4.00)

Candidate Information:

Last Name at Time of Testing		First Name		MI	Date of Birth Month Day Year	
Social Security Number [][][] - [][] - [][][][]		Center/Place Where You Tested			Year Tested	
Current Address--Street/PO Box					Apt #	
City			State		Zip Code	
Daytime Weekday Contact Phone Number ()		REQUIRED CANDIDATE SIGNATURE (IF APPLICABLE, I GIVE PERMISSION TO THE INDIVIDUAL BELOW TO OBTAIN INFORMATION ON MY BEHALF.) <i>Date</i>				

SIGNATURE OF PERSON REQUESTING VERIFICATION, IF OTHER THAN THE CANDIDATE, IS ALSO REQUIRED:

Please Mail Document to:

Name of Institution (If Applicable) College Initiative - Lehman College, Division of Adult and Continuing Education					
Last Name Wilkins		First Name Cheryl		Middle Initial	
Street 250 Bedford Park Boulevard West				Room 003B	
City Bronx	State NY	Zip Code 10468	Phone Number (718) 960-1971		

NOTE: A **non-refundable processing fee** of \$10.00 (diploma with transcript) and \$4.00 (transcript only) is required for each document requested. The required fee, made payable to NYSED, must be in the form of a **certified check** or **money order** for each request. **NO CASH or PERSONAL CHECKS** will be accepted. The diploma and/or transcript will not be sent until the required fee is submitted to this office.

Please send your request to the above address and allow 6–8 weeks for processing

