

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](https://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:

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