

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
High School Equivalency Program
P.O. Box 7348
Albany, New York 12224-0348
(518) 474-5906

VERIFICATION OF GED DIPLOMA ISSUED

(Return this form to the above address)

Personal Information

Last Name			First Name			Middle Initial		
Social Security Number				Date of Birth				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				Month		Day	Year	

Testing Information

Name at time of Testing (if different from above):		
Last Name	First Name	Middle Initial
Name of Testing Center		Approximate Date You Tested:
		Month Year

Do Not Write Below This Line

Results of Verification

<input type="checkbox"/> Failed	<input type="checkbox"/> No Record on File
Test Forms: <input type="text"/>	
<input type="checkbox"/> Pass	Diploma # <input type="text"/> Date Issued: _____
Contact Person at GED:	
Signature:	