

Full Name (first, middle, last):

## Mail To / Fax To:

Richmond Community College PO Box 1189, Hamlet NC 28345

**Telephone:** 910-410-1771 **Fax:** 910-582-7060

Name Used During Testing (maiden name, etc.)

## Verification Request for High School Equivalency (HSE) Records (GED / HiSET / TASC)

**Student Information (Please print legibly)** 

Current Mailing Address:  Current City, State and Zip Code:		Daytime Contact Telephone Number:  Date of Birth:	
		GED	HISET TASC
GED ID#	HISET ID #	TASC ID#	The Year you tested:
Student's Signature:		Date:	
<b>A</b> )	Agency / Pers	on Requesting Veri	
Agency Requesting	g Verification:		
Person Requesting	Verification:		
Contact Phone Nui	mber:		
Fax Number:			
Mailing Address:			
		cial HSE Verification	
HSE Diploma Issue	e Date:		
Verified By:			
Date Verified:			