

**Mail To / Fax To:**

Richmond CC Robinette Building

PO Box 1189, Hamlet NC 28345

**Telephone:** 910-410-1970 **Fax:** 910-997-9131

*Serving Richmond and Scotland Counties*

**Verification Request for High School Equivalency (HSE) Records**

**(GED / HiSET / TASC)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Student Information (Please print legibly)** | | | |
| **Full Name (first, middle, last):** | | **Name Used During Testing (maiden name, etc.)** | |
| **Current Mailing Address:** | | **Daytime Contact Telephone Number:** | |
| **Current City, State and Zip Code:** | | **Date of Birth:** | |
| **Full Social Security Number:** | | **Which HSE test did you take? Please circle one:**  **GED HiSET TASC** | |
| **GED ID#** | **HiSET ID #** | **TASC ID #** | **The Year you tested:** |
| **Student’s Signature:** | | **Date:** | |

|  |
| --- |
| **Agency / Person Requesting Verification**  **(A verification provides the date of high school equivalency passing status)** |
| **Agency Requesting Verification:** |
| **Person Requesting Verification:** |
| **Contact Phone Number:** |
| **Fax Number:** |
| **Mailing Address:** |
| **Official HSE Verification** |
| **HSE Diploma Issue Date:** |
| **Verified By:** |
| **Date Verified:** |