

**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)**

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| **Official HSE Verification Use Only (Please do not write in this area)** |
| **HSE Diploma Issue Date:** |
| **Verified By:** |
| **Date Verified:** |

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| --- | --- | --- | --- |
| **Student Information (Please Print Legibly)** | | | |
| **Full Name (first, middle, last):** | **Name Used During Testing (maiden name, etc.)** | | |
| **Current Mailing Address:** | **Phone Number:** | **Personal Fax Number:** | |
| **City, State and Zip Code:** | **Date of Birth:** | **Last 4 digits of SS #:** | |
| **Personal Email Address:** | | | |
| **Which HSE test did you take? Please circle one:**  **GED HiSET** | **The Year you tested:** | **GED ID#** | **HiSET ID #** |
| **Student’s Signature:** | **Date:** | | |

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| **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:** |
| **Email Address:** |
| **Mailing Address:** |