

The University of the State of New York  
THE STATE EDUCATION DEPARTMENT  
GED Testing Office  
P.O. Box 7348  
Albany, New York 12224-0348  
(518) 474-5906

## Application for the New York State High School Equivalency Diploma Based on Out of State Testing

### 1. General Information

**Candidates must meet residency and age requirements, as described in the following section.**

A non-refundable \$10.00 processing fee must accompany all applications mailed to the GED Testing Program office. Candidates who meet all requirements must submit an official report of GED tests results. **(NOTE: Ask the state where you tested to forward an official copy of your GED scores directly to our office)** They will then receive a diploma and an official transcript certifying that they were awarded the New York State High School Equivalency Diploma Based on GED Testing.

### 2. Eligibility Requirements

All candidates for the New York State High School Equivalency Diploma must have lived in New York State for at least one month and must have **not** have graduated from high school or have already qualified for the NYS High School Equivalency Diploma. In addition, on the day the diploma is awarded, a candidate must be:

(a) 19 years of age or older

or

**(b) 17 or 18 years of age and either not regularly enrolled in a full-time high school program of instruction for at least one year or a member of a class that already graduated. (NOTE: Candidates who are 17 or 18 years of age must attach to their application a verification form (Attachment B) which states when the candidate left school or the date on which the candidate's class graduated. The letter must include the signature and title of an appropriate school official. Reproduced signatures are not acceptable.)**

### 3. How to Apply for the New York State High School Equivalency Diploma Based on Out of State Testing

Candidates who meet all the eligibility requirements must follow the steps listed below:

- 1. Complete all information on Attachment I on the following pages. If you are 17 or 18 years old, attach the required verification form from the high school you last attended.**
- 2. Attach a certified check or money order for \$10.00 to your application. The certified check/money order should be payable to NY State Education Department. Do NOT send cash or a personal check.**
- 3. Ask the state where you tested to forward an official copy of your GED scores directly to our office.**
- 4. Mail the completed application, the verification form (if required), and the fee to:**

**GED Testing Office  
P.O. Box 7348  
Albany, New York 12224-0348  
(518) 474-5906**

### 4. Additional Transcripts

After the diploma has been awarded, additional copies may be obtained by submitting a signed request to the address listed above. The request must include the name, date of birth, social security number, and signature of the person who received the diploma and the name and address of the person to whom the transcript will be mailed. A non-refundable fee of \$10.00 will be charged for each diploma requested.

# Attachment-1

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## APPLICATION FOR THE HIGH SCHOOL EQUIVALENCY DIPLOMA BASED ON TESTING OUT OF NEW YORK STATE

**PLEASE PRINT CLEARLY IN INK**

1. Name (Last Name) First Name Middle Initial			2. Gender MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>												
3. Address (Street/P.O. Box)			Apartment Number												
4. City		State	Zip Code												
5. Social Security Number <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>											6. Age	7. Date of Birth _____ _____ _____ _____ _____ _____ _____ _____ _____ _____  Month Day Year		8. Telephone Number (_____) _____ - _____ Area Code Number	
9. Are you 19 years of age or older? <input type="checkbox"/> YES <input type="checkbox"/> NO  If "NO," you must document your eligibility by attaching to this application the verification form as described in Section 2(b) on previous page.															
10. Name of state in which you took the GED tests				7. Date you took GED tests _____ _____ _____ _____ _____ _____ _____ _____ _____ _____  Month Day Year											
<p><i>I understand that I will not be awarded a New York State High School Equivalency Diploma unless I meet the eligibility requirements described on page one. I do hereby certify, subject to penalty for perjury, that the information given on this form and on any attachments is true to the best of my knowledge and belief.</i></p> <p>_____</p> <p style="text-align: center;">Signature</p> <p>_____</p> <p style="text-align: center;">Date</p>															
Attach a <b>Certified Bank Check</b> or a <b>Money Order</b> in the amount of \$10.00 made payable to: <b>THE NYS EDUCATION DEPARTMENT</b>															