

Correction to Adult Education Record Request Form For Official High School Equivalency Transcript and State-issued High School Diploma Verification



New Jersey Department of Education
Office of Career Readiness
Adult Education
PO Box 500
Trenton, New Jersey
08625-0500

Instructions

The New Jersey Department of Education requires the following information to issue an access code that provides access to your official transcript of high school equivalency tests results and/or your State-issued high school diploma verification record. This completed form must be mailed to the above address. For any questions, contact the New Jersey Department of Education at (609) 376-3883 or adulted@doe.nj.gov or visit [the NJDOE Adult Education webpage](#).

Applicant Information

First Name: Middle Initial: Last Name:

Name at time of test if different from above:

Social Security Number:

Address:

City: State: Zip Code:

Telephone: Email address:

Date of birth (mm/dd/yyyy):

Please fill-in all that apply

Correction to Name: (Only if the name on the document has been spelled incorrectly. Please provide copy of government issued ID.)

Correct spelling of name:

Correction to Date of Birth: (Please provide copy of birth certificate.)

Incorrect date of birth (mm/dd/yyyy):

Correct date of birth (mm/dd/yyyy):

Correction of Social Security Number: (Please provide copy of social security card.)

Incorrect Social Security Number:

Correct Social Security Number:

I authorize the New Jersey Department of Education to make the corrections to my record as requested. I have enclosed the appropriate copies of documentation required and verify that the information submitted is true and correct.

Applicant's Signature:

Date (mm/dd/yyyy) :