

CORRECTIONAL EDUCATION
WORKFORCE DEVELOPMENT AND ADULT LEARNING
100 S. Charles St.
Baltimore, MD 21201

MARYLAND CORRECTIONAL EDUCATION REQUEST FOR HIGH SCHOOL DIPLOMA VERIFICATION / TRANSCRIPT

CE School <u>:</u>				
CE School Add	dress:			
I request that my high school	l diploma verification	on / transcript be s	ent to the abov	e address.
Student Name:	First	Middle	Last	
DOC#				
Social Security # (last 4 digit	s):			
Do you have a high school d	iploma?			
School Name and Address:	School Name			
	Street Address			
	City	State	Zip Code	County
Date high school diploma wa	s received:			
Student's Signature:				
Principal's Signature: Today's Date:				10-845-4205 School Phone
High School Diploma Verified	d:YES	NO		
Person verifying diploma:				
Verification Date:				
Comments:				

410-767-0498 | www.labor.maryland.gov



DIVISION OF WORKFORCE DEVELOPMENT AND ADULT LEARNING

Adult Education and Literacy Services Perketer Tucker, Director 100 S. Charles St.

Baltimore, MD 21201

CORRECTIONAL EDUCATION VERIFICATION FORM

Student Name (print)		
Date of Birth:	Social Security # (last 4-digit):	
DOC Number	Approximate year GED earned	
GED Test Location (city, sta	te, site)	
Student's Signature:		
Principal's Name: (print):		
Principal's Signature:		
Correctional Facility Name:		
Adult Education Office		
Maryland High School Diplo	oma (GED) Yes No	
GED® Award Date:		
GED® Diploma ID:		
Verified by:		
Date:		
Comments:		

NO OTHER VERIFICATION FORM WILL BE ACCEPTED

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