
**MARYLAND CORRECTIONAL EDUCATION
REQUEST FOR HIGH SCHOOL DIPLOMA VERIFICATION / TRANSCRIPT**

CE School: _____

CE School Address: _____

I request that my high school diploma verification / transcript be sent to the above address.

Student Name: _____
First Middle Last

DOC# _____ SID# _____ Date of Birth ____ / ____ / ____

Social Security # (last 4 digits): _____

Do you have a high school diploma? _____

School Name and Address: _____
School Name

Street Address

City State Zip Code County

Date high school diploma was received: _____

Student's Signature: _____

Principal's Signature: _____ 410-845-4205
School Phone

Today's Date: _____

High School Diploma Verified: _____ YES _____ NO

Person verifying diploma: _____

Verification Date: _____

Comments: _____

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, state, site) _____

Student's Signature: _____

Principal's Name: (print): _____

Principal's Signature: _____

Correctional Facility Name: _____

.....

Adult Education Office

Maryland High School Diploma (GED) Yes _____ No _____

GED® Award Date: _____

GED® Diploma ID: _____

Verified by: _____

Date: _____

Comments: _____

NO OTHER VERIFICATION FORM WILL BE ACCEPTED

ged.dlir@maryland.gov | 410-767-0188 | www.dor.maryland.gov