



Arizona High School Equivalency Access Code & Test History Request

Walk-in Location: ADE/Adult Education Services
3300 N. Central Ave., Suite 2360
Phoenix, AZ 85012

Email address: AdultEd@azed.gov

Fax Number: (602) 542-0031

Phone Number: (602) 258-2410, option #2

Business Hours: Monday-Friday 8:00am-5:00pm

Instructions

- ⇒ Please clearly fill and sign this form. (Must be completed by examinees only)
- ⇒ You may email this form, fax, or come in person to our office.
- ⇒ **If emailing or faxing, please include a clear and readable photocopy of your current valid government-issued picture I.D. (front and back).** Please keep in mind there is a possibility that you will need to resubmit your I.D. if it does not come out clearly. Email is preferred. We recommend using the lightest setting on your fax machine.
 - **At least 15 minutes after submission, call us at (602) 258-2410, option #2 to obtain your Access Code. We do not keep requests longer than 2 business days. We do not give Access Codes to 3rd parties.**
- ⇒ **If submitting in person:** Please bring your current valid government-issued picture I.D. with you. We will give you your Access Code while you are here along with instructions on how to access your record.
- ⇒ **Once you receive your Access Code,** you may go online to <http://myhse.azed.gov>, click "Create Account" under Test-Takers, and register using your access code. You will be able to print official transcripts for free.
- ⇒ **DO NOT MAIL THIS FORM. WE DO NOT ACCEPT MAIL AT THIS ADDRESS.**

*Please Note: If you took your GED® test **prior to 1985** and have never requested a copy of your records before, your record may still be on microfilm. Records on microfilm do not have an Access Code generated yet, and a transcript request will have to be submitted to do a microfilm search. (See High School Equivalency Records Request Form)

My Information

Current Legal Name (REQUIRED) (First, Middle, Last)		Social Security Number (REQUIRED) - -
Name During Test— <i>Required if different than above</i> (First, Middle, Last)		Date of Birth (REQUIRED) / /
Current Mailing Address	City, State, Zip Code	Current Phone Number () -
Test Center Name/Approx. Testing Location		Approx. Test Date
I Tested On...		
<input type="checkbox"/> Computer and/or <input type="checkbox"/> Paper/Pencil		

Certification: "I hereby certify that all information provided is completely true, and I authorize the release of my scores to the requestor." Applicant Signature (Required by Student Privacy Act)

Signature _____ Date ____ / ____ / ____

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WE DO NOT EMAIL OR FAX ANY SCORES, ACCESS CODES, OR RECORD INFORMATION