ARIZONA DEPARTMENT OF
EDUCATION

Arizona High School Equivalency Access Code Request

The purpose of this form is to request an Access Code to create a Test-Taker Profile on the MyHSE Arizona Web Portal.

Instructions

⇒ Please clearly fill out Section 1.

⇒ Sign and date the form.

⇒ This form **MUST** be submitted with a clear and readable photocopy of a current valid government-issued picture I.D. and through one of the following options listed below:

♦ **By Email:** AdultEd@azed.gov

♦ **By Fax:** (602) 542-0031

♦ **In Person:** If required and by appointment only

♦ **By Mail:**   Arizona Department of Education – Adult Education
Services 1535 W. Jefferson, Bin 26
Phoenix, AZ 85007

⇒ If you would like your ACCESS Code to be emailed, please provide your email address: _____.

Access Codes will not be given to 3rd parties

⇒ Once you receive your Access Code, go online to https://myhse.azed.gov and select step 1 to "Create Your Account".

Section 1—*Must be Completed by Former Test-Taker*	
Current Legal Name (**REQUIRED, First, Middle, Last**)	Date of Birth (**REQUIRED, month/day/year**) / /
Name at Time of Test and Any Other Names Used (*Required if different than above*)	Social Security Number (**last 4 digits**) XXX - XX -
Current Mailing Address, City, State, Zip Code	Current Phone Number ( ) -
Approximate Testing Location	Approximate Testing Date

Certification: "I hereby certify that all information provided is true, and I authorize the release of my official transcript or completion date to the requestor." (Signature Required by FERPA Student Privacy Act)

Signature _____ **Date** _____ / _____ / _____

Important Notes:

⇒ **Email is the preferred format for faster service.**

⇒ **Expect delays.**

⇒ **If the submitted picture I.D. is not clear or readable, resubmission may be required.**

⇒ **If submitting the form by Fax, it is recommended to use the lightest setting.**