



## AZ High School Equivalency Access Code Request

The purpose of this form is to request the required personal Access Code to register on the [MyHSE Arizona Web Portal](https://myhse.azed.gov) to access and print testing records. \*

<b>Walk-in Location:</b>	<b>E-mail address:</b>	<b>Fax Number:</b>	<b>Phone Number:</b>
ADE/Adult Education Services 3300 N. Central Ave, Suite 2360 Phoenix, AZ 85012	AdultEd@azed.gov	(602) 542-0031	(602) 258-2410, option #2
<b>Business Hours: Monday-Friday 8:00am-5:00pm</b>			
<b>DO NOT MAIL THIS FORM. WE DO NOT ACCEPT MAIL AT THE WALK-IN LOCATION ADDRESS ABOVE.</b>			

### Instructions

Please fill out this form to the best of your knowledge and sign (must be completed by current/former test takers only). Please use one of the following ways to submit this form.

- ⇒ **Email/Fax:** You must include a clear and readable photocopy of your current valid government-issued picture I.D. (front and back). If your I.D. does not come out clearly, you may be asked to resubmit. We recommend using the lightest setting on your fax machine.
  - **Call our office, at least 15 minutes after submission, to obtain your Access Code. We do not keep submitted requests longer than 2 business days. We do not give Access Codes to 3rd parties.**
- ⇒ **In Person:** Please bring your current valid government-issued picture I.D. with you. You will be given your Access Code and instructions on how to access your record.

**Once you receive your Access Code**, go online to <https://myhse.azed.gov> and select "Create Your Account" (the Access Code will be required to create a new test-taker profile). You will be able to view your scores and print your official transcripts.

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

### My Information

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

**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 FERPA: Student Privacy Act)**

Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**SCORES, ACCESS CODES, OR RECORD INFORMATION WILL NOT BE FAXED OR SENT BY E-MAIL**