



DIPLOMA VERIFICATION FORM



NATIONAL EXTERNAL DIPLOMA PROGRAM® (NEDP)

NEDP Site: _____

NAME AS IT APPEARS ON THE DIPLOMA (PRINT):

SOCIAL SECURITY #: _____ Date of Birth: _____

MONTH/YEAR GRADUATED: _____

Complete and sign

Verification status report will be mailed to the name and address indicated below.

Name:

Organization:

Address:

City, State & Zip:

PHONE NUMBER:

Optional: Please indicate the purpose of the transcript (circle) Personal / Education / Employment / Other

Mail to: Maryland Department of Labor, 1100 N. Eutaw Street, Room 120, Baltimore, MD 21201.

Student Signature: _____ Date: _____