



TRANSCRIPT REQUEST FORM



NATIONAL EXTERNAL DIPLOMA PROGRAM® (NEDP)

NEDP Site: _____

NAME AS IT APPEARS ON THE DIPLOMA (PRINT):

Street Address: _____

City, State & Zip code: _____

SOCIAL SECURITY# (Last 4 Digits): _____ Date of Birth: _____

MONTH/YEAR GRADUATED: _____

Complete and sign a request form for each official transcript.

I wish to send one transcript to: please check one Home School Employment

Transcript 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, ATTN: Lynnette Demby

Student Signature: _____ Date: _____