

Mississippi Community College Board

High School Equivalency (HSE) Transcript Request

Full Name (At Time of Testing):

Date of Birth (Month/Date/Year):

Last Four of Social Security Number:

Current Name:

Current Facility Mailing Address:

City:

State:

Zip Code:

Year HSE Test Was Taken:

Did You Pass the Test? (Yes or No):

City of HSE Testing Center:

HSE Diploma Number and Date (If known):

Please provide the name and address of the Mississippi Community College or University where the HSE transcript should be mailed:

Full Name of Institution:

PO Box or Street Address:

City:

State:

Zip Code:

I hereby authorize the Mississippi State HSE Administrator to release my HSE transcript to the institution listed above at the address provided for the institution.

Date:

Signature *(Signature required to mail transcript)*:

This form may be emailed via **Docusign** to Beth Little at blittle@mccb.edu or **mailed** to:

Mississippi Community College Board
Attention: Beth Little
3825 Ridgewood Road
Jackson, MS 39211