

RIRAL
National External Diploma Program (NEDP)
Woonsocket Adult Learning Center
191 Social Street, 3rd Floor, Suite 11
Woonsocket, RI 02895

HIGH SCHOOL DIPLOMA TRANSCRIPT REQUEST

PLEASE PRINT

Name (at the time applicant received diploma)

last	first	middle
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Current Address

City _____ State _____ Zip _____

Date of Birth

_____ Social Security No. _____

Telephone number (day)

_____ (night) _____

Date you received diploma

(month and year) _____

I hereby authorize RIRAL to release my records to the address(es) below:

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| _____ | _____ |
| _____ | _____ |

Signature of applicant: _____

Date: _____

**Please enclose a \$5.00 money order payable to RIRAL or \$5 cash if in person.
 Return this fully completed form with your payment.**