



New Jersey Department of Education

Phone: 609-777-1050

Fax Number: 609-984-0573

Email: adulthood_info@doe.state.nj.us

Website: <http://www.state.nj.us/education/students/adulthood/>

Request Form To Correct Adult Education Test Record

Instructions: The New Jersey Department of Education requires the following information in order to correct your Official test record. Corrections include correction to name, date of birth and social security number with appropriate documentation submitted. Please contact the New Jersey Department of Education at 609-777-1050 or adulthood_info@doe.state.nj.us if further information is required.

PLEASE PRINT CLEARLY – GED Recipient’s Current Information

First Name	Middle Initial	Last Name
Name at time of test if different from above		
Date of Birth	Social Security Number	
Current Mailing Address (Street/ P.O. Box/Apt. #)		
City/State/Zip		
Phone Number	Alt. Phone Number	Email Address

√ PLEASE CHECK ALL THAT APPLY

<input type="checkbox"/>	Correction to Name: Only if the name on document has been incorrectly spelled. Please provide government issued ID (For example: State or County issued ID, drivers license, passport.)
<input type="checkbox"/>	Correction to Date of Birth: Please provide a copy of birth certificate. From: _____ To: _____
<input type="checkbox"/>	Correction of Social Security Number: Provide copy of social security card. From: _____ To: _____
<input type="checkbox"/>	I authorize the New Jersey Department of Education to make the corrections to my record as requested. I have enclosed the appropriate documentation required and verify that the information submitted is true and correct. Signature: _____ Date of Request: _____