

## Nova Scotia High School Equivalency Certificate Request Form

Last Name	First Name	Middle Name (if applicable)	
Former Last Name (at time of testing)		Date of Birth (MM-DD-YYYY)	
Mailing Address	City	Province	Postal Code
Telephone Number		Email Address	
Year of Testing		Program Completed <input type="checkbox"/> GED <input type="checkbox"/> CAEC	

*\*Official documentation can only be issued upon successfully completing all five tests.*

**First Issuance of High School Equivalency Credential:**

CAEC Transcript and Certificate

**Replacements:**

- Transcript – I am requesting \_\_\_\_\_ copies.
- Certificate (you may request a maximum of **one** certificate)

Transcript	Certificate	
<input type="checkbox"/>	<input type="checkbox"/>	Mail directly to me at the above address
<input type="checkbox"/>	<input type="checkbox"/>	Mail/Email to the following institution/employer (include full mailing address <b>or</b> email address):

*\*Please note that the Nova Scotia Department of Labour, Skills and Immigration is unable to provide CAEC transcripts or certificates for CAEC test results earned in other provinces.*

**If you are requesting a replacement transcript or certificate, please expect 10 business days for your request to be processed from the date all necessary documentation is received. For initial CAEC documentation, expect up to six weeks.**

Mail completed and signed form to:

**CAEC Testing**  
**Department of Labour, Skills and Immigration**  
**P.O. Box 697, Halifax, NS B3J 2T8**

*\*Mailed documents may take longer for processing*

Email completed and signed form to:

[CAEC@novascotia.ca](mailto:CAEC@novascotia.ca)

**AUTHORIZATION:** I authorize the Nova Scotia Department of Labour, Skills and Immigration to disclose my transcript/certificate information to the location(s) listed above in accordance with the instructions I have provided.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (MM-DD-YYYY)