



GED™ TRANSCRIPT RELEASE FORM
Fax Number (888) 562-0462

DIRECTIONS: PLEASE PRINT. READ CAREFULLY.

Complete all items below to assist in completing your request.

Full Name: LAST FIRST INITIAL

Legal Name at time of testing:

Current Address: STREET ADDRESS APT# CITY STATE ZIP

Social Security Number: Date of Birth:

Phone Number where you can be reached in case of questions: ( )

At which site did you complete your testing?

What year was GED issued:

With written permission from the person who took the GED tests, the official GED transcript will be sent directly to the institutions(s), employer(s), or other Official GED Testing Centers specified in written request.

Transcripts may NOT be picked up directly by a third party.

NOTE: A mailing fee of \$5.00 per address requested is accepted in the form of check, money order, debit card, or credit card. All transcript requests will be processed within three (3) days of receipt of the request.

Where would you like your transcript sent? NAME OF INSTITUTION/INDIVIDUAL

STREET ADDRESS CITY STATE ZIP

Email Address of Registrar if E-Transcripts are accepted:

STUDENT signature: Date:

PAYMENT INFORMATION

Name on Card:

Credit or Debit Card #: Exp: 3-digit code:

Billing Address: STREET ADDRESS APT# CITY STATE ZIP

**FILL OUT IF THIS IS A FAX REQUEST ONLY**

In some circumstances to expedite transmission of information and upon receipt of a written request and the appropriate payment, a document verifying GED scores may be sent to a specific institution, employer, other organization, or another Official GED Testing Center via fax machine. However, transcripts are unofficial when transmitted by fax machine.

"I request verification be sent by FAX MACHINE. I am aware that the transmission of information may not be secure and that the scores will be considered unofficial."

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fax Number: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

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**OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_

Amount Received: \_\_\_\_\_ Transcript Prepared By: \_\_\_\_\_