

GED Transcript Request Form

Name _____

Name when tested (if different) _____

Birth date _____

Last four digits of SSN _____

Date tested (approximate) _____

Phone number _____

Please send transcript to:

Name of person, school or business _____

Address _____

Phone _____ Fax _____

Statement of Release

I, _____, authorize The University of Alabama in
Huntsville GED Testing Center to release my scores to _____.

Signature _____

Date _____

Note: Transcript requests will not be completed, unless accompanied by \$10.00 in CASH or Money Order, for each copied requested.