

# GED® Transcript Request Form

<b>PLEASE PRINT ALL INFORMATION</b>				
Name	First	Middle Initial	Last	Suffix (Jr, Sr, etc.)
Name at time of test (if different from above)				
Date of Birth			Social Security Number	
Location of Test (City)			Approximate Year of Test	
Current Address (Street/PO Box/Apt)				
City/State/Zip Code				
Daytime Phone Number			Cell Phone Number	
Email Address				
I authorize the Delaware Department of Education to release my GED® transcript to the name(s) and address(es) below:				
Signature of Person Who Took the GED® Test				
<b>Signature X</b> _____			Date	
Send transcript to: (complete mailing address OR fax number)				
Please check as many as apply. Allow 7-10 working days to process.				
<b>X</b>	Please Check Below Items Requested			
	Official GED® Transcript			
	Duplicate GED ® Certificate - <b>Include \$5.00 Money Order Made Payable to Delaware Department of Education - MUST BE MAILED</b>			
MAIL this form to:			<u>OR</u> FAX this form to:	
Delaware Department of Education Adult Education, GED® Records 35 Commerce Way, Suite 1 Dover, DE 19904			Delaware Department of Education GED® Records (302) 739-1770	