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GED TRANSCRIPT REQUEST

Required Information

NAME (maiden name if applicable): _____

CURRENT ADDRESS: _____

CITY, STATE, ZIP: _____

SS#: _____

DOB: _____

DATE/LOCATION TESTING (month/year) if known: _____

TELEPHONE NUMBER: (_____) _____

I hereby authorize the Michigan Department of Labor & Economic Growth, GED Testing to release my records to the address(es) listed below:

Signature of Examinee: _____ **Date:** _____

Note: There is no fee for transcript copies

Please allow one week for processing (if prior to 1979, approximately three weeks).

Examinee request. An official copy of the GED test scores are to be reported to the address listed above.

I would like to have my transcript sent to:

Name: _____

Address: _____

City, State, Zip: _____