

**REQUEST FOR
GED TRANSCRIPT/SCORE REPORT**

▶ PLEASE PRINT NEATLY ◀

Name at Time of Testing _____

Other Names Possibly Used _____

Social Security # _____ Date of Birth _____

Current Name and Address _____ Current Phone # _____

Approx. Year Tested _____ Where Tested _____

Received Certificate Yes No Tested While in Military Yes No

Request Transcript be Mailed to (complete name and address)

I give the State Board for Community and Technical Colleges permission to release my GED records to the person/institution I named on this form. I understand that score reports will not be faxed but only sent by regular mail. There is currently no charge for this service.

Signature of GED Test Taker (required) *Date Signed (required)*

**Washington State Board for Community and Technical Colleges
NORTHWest GED Service Center
P.O. Box 42495 Olympia, WA 98504-2495
Phone: 360-704-4372 Fax: 360-704-4414**