REQUEST FOR OFFICIAL GED TRANSCRIPT
THIS FORM CAN BE DUPLICATED

PLEASE PRINT

Name: _____________________________________________________________________
First   Middle   Last

Name at the time you took the GED examination (if different from above):
__________________________________________________________________________
First   Middle   Last

YEAR THAT GED TEST WAS TAKEN: ____________ (If not certain, give an approximate year.)

Last 4-digits of Social Security Number: __  __  __  __

Date of Birth: ___________________________________________________________________

Current Address: ____________________________
Street   Apartment or Unit Number

                                   ____________________________
Town   State   Zip Code

Phone Number: ___________________________________________________________________

MAIL OR FAX AN ADDITIONAL TRANSCRIPT TO:

Address: _______________________________________________________________________
Name of Institution/Employer

                                   ____________________________
Street   Suite Number

                                   ____________________________
Town   State   Zip Code

Fax Number: _____________________________________________________________________

Signature: ____________________________ Date: __________________

Mailing Address: GED OFFICE
Connecticut State Department of Education
25 Industrial Park Road
Middletown, CT 06457

Phone Number (860) 807-2110 or 2111
FAX Number (860) 807-2112

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