REQUEST FOR OFFICIAL GED TRANSCRIPT
THIS FORM CAN BE DUPLICATED

PLEASE PRINT

Name: ____________________________________________

First Middle Last

(If different from above): Name at the time you took the GED examination

First Middle Last

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

LOCATION TEST WAS TAKEN: _______________________________________

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

Date of Birth: _______________________________________

Current Address: _______________________________________

Street Apartment or Unit Number

Town State Zip Code

Phone Number: _______________________________________

CHECK ONE BOX ONLY

☐ MAIL (Official Transcript)
☐ FAX (Unofficial Transcript)
☐ EMAIL (Unofficial Transcript)

Address: _______________________________________

Name of Institution/Employer

Street Suite Number

Town State Zip Code

Fax Number: _______________________________________

Email Address: _______________________________________

Signature: ______________________ Date: _______________

Mailing Address: GED OFFICE
Connecticut State Department of Education
450 Columbus Boulevard, Suite 508
Hartford, CT 06103

Phone Number: (860) 807-2111 or 2110
FAX Number: (860) 807-2112
Email Address: GED@CT.GOV

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