

CONNECTICUT STATE DEPARTMENT OF EDUCATION - ACADEMIC OFFICE

REQUEST FOR OFFICIAL GED® TRANSCRIPT

Please print clearly. This form may be photocopied or reproduced.

APPLICANT INFORMATION

Current Name

First: _____ Middle: _____ Last: _____

Name Used at Time of GED® Testing (only complete if name was different)

First: _____ Middle: _____ Last: _____

Approximate Year GED® Test Was Taken: _____ Testing Location (City/State): _____

Date of Birth (MM/DD/YYYY): _____ / _____ / _____ Last 4 Digits of SSN: _____

CURRENT MAILING ADDRESS

Street: _____ Apt./Unit/Floor: _____

City/Town: _____ State: _____ ZIP: _____ Phone: _____

TRANSCRIPT DELIVERY (Select ONE)

☐ Mail – Official Transcript

☐ Fax – Unofficial Transcript

☐ Email – Unofficial Transcript

*If requesting a transcript be sent by fax or email be sure to include the fax number/email below.

RECIPIENT INFORMATION

Mail Official Transcript To:

School/Institution/Employer: _____

Street: _____

City/Town: _____ State: _____ Zip: _____

Fax Number: _____ Email Address: _____

AUTHORIZATION

I authorize the Connecticut State Department of Education to release my GED® transcript as requested above.

Signature (handwritten only): _____ Date: _____

Digital or electronic signatures cannot be accepted.

SUBMIT COMPLETED FORM

Connecticut State Department of Education – GED Office
450 Columbus Boulevard, Suite 508
Hartford, CT 06103-1841

Phone: (860) 807-2111
Fax: (860) 807-2112
Email: GED@ct.gov

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