

**Office of Student Supports and Organizational Effectiveness  
Bureau of Health/Nutrition, Family Services and Adult Education**

**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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