

Connecticut State Department of Education – Academic Office

REQUEST FOR OFFICIAL GED TRANSCRIPT

THIS FORM CAN BE DUPLICATED

PLEASE PRINT

PERSONAL INFORMATION

Name:

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Name at time of GED Testing (if different):

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Year GED Test Taken (If not certain, give an approximate year): \_\_\_\_\_

Location Where Test Was Taken: \_\_\_\_\_

Last 4 of SSN: \_\_\_\_ Date of Birth: \_\_/\_\_/\_\_\_\_

Current Address:

Street: \_\_\_\_\_ Apt/Unit/Floor: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

TRANSCRIPT DELIVERY (Check ONE)

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

RECIPIENT INFORMATION

Mail Official Copy To:

School/Institution/Employer: \_\_\_\_\_

Street: \_\_\_\_\_ Apt/Unit/Floor: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Fax Unofficial Copy To: \_\_\_\_\_

Email Unofficial Copy To: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Please include wet signature, digital signatures not accepted)

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