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

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