



## GED™ TRANSCRIPT RELEASE FORM

Fax Number (888) 562-0462

### DIRECTIONS: PLEASE PRINT. READ CAREFULLY.

Complete all items below to assist in completing your request.

Full Name:

\_\_\_\_\_  
LAST FIRST INITIAL  
Legal Name at time of testing:

Current Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone Number where you can be reached in case of questions:

(\_\_\_\_\_) \_\_\_\_\_

At which site did you complete your testing? \_\_\_\_\_

What year was GED issued? \_\_\_\_\_

With written permission from the person who took the GED tests, the official GED transcript will be sent directly to the institution(s), employer(s), or other Official GED Testing Centers specified in the written request. A picture ID will be required if the transcript is picked up directly at one of CWI's GED Testing Centers.

### Transcripts may NOT be picked up directly by a third party.

NOTE: A mailing fee of \$5.00 per address requested is accepted in the form of check, money order, debit card, or credit card. All transcript requests will be processed within three (3) days of receipt of the request. There is no charge for transcripts to entering CWI students who completed their GED with the CWI GED Testing Center.

Complete mailing address **where documents are to be sent:**

Name

Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address of **Registrar** if E-Transcripts are accepted: \_\_\_\_\_

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

Name on Card \_\_\_\_\_

Credit or Debit Card # \_\_\_\_\_ exp. date \_\_\_\_\_

**FILL OUT IF THIS IS A FAX REQUEST ONLY**

In some circumstances to expedite transmission of information and upon receipt of a written request and the appropriate payment, a document verifying GED scores may be sent to a specific institution, employer, other organization, or another Official GED Testing Center via fax machine. However, transcripts are unofficial when transmitted by fax machine.

"I request verification be sent by FAX MACHINE. I am aware that the transmission of information may not be secure and that the scores will be considered unofficial."

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Signature Date

Fax number: \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

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OFFICE USE ONLY

Date Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_

Amount Received \$ \_\_\_\_\_ Transcript prepared by: \_\_\_\_\_