pennsylvania
DEPARTMENT OF EDUCATION

Request for Transcript of GED® Test Scores

GED test-taker: Please provide the following information to help us locate your GED test records. Your signature is required in the space provided.

Note: If you are a third party requesting information on behalf of a GED test-taker, the test-taker MUST complete and sign this release form.

GED Test-Taker Information:

Name at time of testing: _____

Date of birth (00/00/0000): _____/_____/_____

Social Security Number (000-00-0000): _____-_____-_____

Current address: _____

City: _____ State: _____ Zip: _____

GED Testing Center where GED Tests were taken: _____
Approximate year of test: _____

Daytime phone number (with area code): (_____) _____-_____

Check appropriate box(es):

   Please send _____ transcript(s) to me at the address above.
   Please send _____ transcript(s) to _____ at the address below.
                            (Person/employer/institution)

Signature of GED test-taker:
_____   Date: _____

Please mail transcript to:

Name of institution (if applicable): _____

Last Name: _____ First Name: _____

Street: _____ Apt. No.: _____

City: _____ State: _____ Zip: _____

Print out, sign, and mail this request to:
   Commonwealth Diploma Program
   333 Market Street, 12th Floor
   Harrisburg, PA 17126-0333

A nonrefundable processing fee of $3.00 is required for each transcript requested. Please submit a money order payable to the Commonwealth of Pennsylvania. Allow 2-4 weeks for processing.