REQUEST FOR OFFICIAL GED® TRANSCRIPT OR DUPLICATE DIPLOMA

Please check the document requested:

☐ Copy of GED® test scores (transcript)  ☐ Duplicate copy of GED® diploma

PLEASE PRINT

NAME:  (Your name at the time you took the GED® test)

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Maiden (if applicable)</th>
<th>Last</th>
</tr>
</thead>
</table>

YEAR GED® TEST WAS TAKEN:  Year ________  (If not certain, give an approximate year.)

Social Security Number: ________________________________

Date of Birth: ________________________________

Phone number with area code: ________________________________

Test Site (or City where test was taken):

________________________________________________________

PLEASE PRINT NAME AND ADDRESS TO WHICH GED® DOCUMENTS SHOULD BE MAILED:

(Note: Colleges and learning institutions that require official copies of GED® Diplomas and/or transcripts must receive the documents mailed to them directly from this agency or unopened in a State sealed envelope.)

Name: ____________________________________________

Address: __________________________________________

Street  Apartment or Unit Number

City _____________________________________________

State  Zip Code

Signature (Required): ________________________________  Date: __________________

Mail or fax this form to:

Tennessee Department of Labor and Workforce Development
Division of Adult Education/GED Office
220 French Landing Drive
Nashville, TN 37243-1002
Fax: 615-532-4899

FOR OFFICE USE ONLY:  Date received ________________  Received by ____________________

LB0986 revised 10/30/2008