

Request for GED Documents

Complete the following form and return by:

FAX to _____ or Mail to ATTN: _____

Document MUST Be Signed and Dated

NAME

FIRST

MIDDLE

LAST

ANY OTHER NAMES THAT MIGHT HAVE
BEEN USED AT TIME OF TEST

MAILING ADDRESS

STREET, P. O. BOX, ETC.

CITY

STATE

ZIP

DATE OF BIRTH

SOCIAL

SECURITY #

MONTH / DAY / YEAR

YEAR TEST TAKEN

TEST SITE

DAY TIME CONTACT
INFORMATION

(AREA CODE) PHONE #

E-MAIL ADDRESS

PURPOSE OF REQUEST FOR
DUPLICATE DIPLOMA. **CLICK
ON EACH BOX THAT APPLIES.**

Work

Education

Personal

PLEASE SEND THE FOLLOWING
DOCUMENTS: **CLICK ON EACH
BOX THAT APPLIES.**

DUPLICATE
DIPLOMA
(THERE IS A
LIFETIME
LIMIT OF 2
DUPLICATE
DIPLOMAS PER
GRADUATE)

LETTER
VERIFYING GED
DIPLOMA (SENT
TO EMPLOYER
OR SCHOOL
ADMISSIONS
OFFICE ONLY)

TRANSCRIPT
(TEST SCORES)
(SENT TO
EMPLOYER OR
SCHOOL
ADMISSIONS
OFFICE ONLY)

OTHER

IF OTHER IS CHECKED PLEASE
DESCRIBE HERE:

DOCUMENTS SHOULD BE SENT TO THE FOLLOWING ADDRESS IF DIFFERENT FROM THAT OF THE GED GRADUATE NOTED ABOVE:
(IF DOCUMENT(S) NEED(S) TO BE SENT TO MORE THAN ONE AGENCY, MAKE COPIES OF THIS FORM AND COMPLETE ONE FOR EACH AGENCY.)

AGENCY

TO THE ATTENTION OF:

ADDRESS

CITY

STATE

ZIP

SIGNATURE (REQUIRED FOR RELEASE OF INFORMATION)

DATE

Return by FAX or US Mail ONLY

DO NOT RETURN BY E-MAIL

**Tammy Carman
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Murfreesboro, TN 37129
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615-893-4194 Fax**