

Request for GED Documents

Complete the following form and return by:

FAX (423) 697-2422 or Mail to ATTN: Testing Center

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.	<input type="checkbox"/> Work		<input type="checkbox"/> Education		<input type="checkbox"/> Personal
	<input type="checkbox"/> DUPLICATE DIPLOMA (THERE IS A LIFETIME LIMIT OF 2 DUPLICATE DIPLOMAS PER GRADUATE)	<input type="checkbox"/> LETTER VERIFYING GED DIPLOMA (SENT TO EMPLOYER OR SCHOOL ADMISSIONS OFFICE ONLY)	<input type="checkbox"/> TRANSCRIPT (TEST SCORES) (SENT TO EMPLOYER OR SCHOOL ADMISSIONS OFFICE ONLY)	<input type="checkbox"/> 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**

**CHATTANOOGA STATE TESTING CENTER
4501 AMNICOLA HIGHWAY, ROOM 262
CHATTANOOGA, TN 37406**