Release of High School Equivalency Transcript

Document MUST be Signed and Dated

Complete the following form and return by mail or bring into the Testing Center:

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_(if other than Chattanooga State) _______________________________

Daytime Contact Information
________________________________    Email Address___________________________________________________
(area code) phone #

Document should be sent to the following address if different from that of the 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:_____________________________________

Mail to:
Chattanooga State Testing Center
4501 Amnicola Hwy, Room 262
Chattanooga, TN 37406 

Cost: $10 per transcript requested
Make checks payable to: Chattanooga State Testing Center

GED® Records
☐ 1947-2001 Tested at Chattanooga State Testing Center
☐ 2002-2013 Tested in Tennessee
☐ 2014-Tested in Tennessee since 1-1-2014

HiSet® Records
☐ Tested since 1-1-2014