

# Request for GED Documents

## 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 #

Purpose of Request: check the appropriate Box	<input type="checkbox"/> Work	<input type="checkbox"/> Education	<input type="checkbox"/> Personal	<input type="checkbox"/> Duplicate Diploma
	Transcript ( <b>Test Scores</b> ) (Sent to Employer Office Only)	Transcript ( <b>Test Scores</b> ) (Sent to School Admissions Only)	Transcript	There is a <b>lifetime limit of 2</b> per graduate
	<b>There is a 24-hour turnaround</b>			<b>Takes 6-8 wks</b>

**Document 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: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature (Required for Release of Information)*

<b>Mail to:</b> <b>Chattanooga State Testing Center</b> <b>4501 Amnicola Hwy, IMC-122</b> <b>Chattanooga, TN 37406</b>	<b>Cost: \$10 per transcript requested</b> Make checks payable to: <b>Chattanooga State Testing Center</b>
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