

# 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**

**HiSet® Records**

1947-2001 Tested at Chattanooga State Testing Center

Tested since 1-1-2014

2002-2013 Tested in Tennessee

2014-Tested in Tennessee since 1-1-2014