

UTAH GED Transcript Request Form

Dedicated FAX number for this form: 801-538-7868

UTAH STATE OFFICE OF EDUCATION
ATTN: Brenda Jacobsen - GED TESTING
250 EAST 500 SOUTH
P.O. BOX 144200
SALT LAKE CITY UT 84114-4200

Please use BLACK INK PEN (NOT pencil)

EXAMINEE'S NAME:

Print full name at time of testing (Can't read!—Can't research!)

Please print full, CURRENT name below

Social Security Number (Complete, not partial) _____ - _____ - _____ Date of Birth (Complete) ____/____/____
mm dd yyyy

Current Address:

City: _____ State: _____ Zip Code: _____ Phone # 's Home: _____
Cell: _____

Approx. Date of Testing: ____/____/____ Place of Testing: (Testing site name or at least the city IN UTAH ONLY)
mm dd yyyy

Ordering Information Please allow 7-10 days for processing. (There is no charge for this service.)

▶▶▶▶▶ Photo I.D. is REQUIRED with this request. Please FAX or MAIL a copy OF A GOVERNMENT ISSUED PHOTO I.D. ENLARGE TO 3 x 4 INCHES showing signature & date of birth. Copy on "PHOTO SETTING."

Examinee request. An official copy of the GED Test scores are to be mailed to the address listed above. (Transcript, Certificate (if earned), as well as electronic transcript will be issued.)

I would like to have my transcript sent to another state agency responsible for administering the GED Program in: (Name and full address and/or FAX #) _____

I am a resident/inmate in a correctional facility. Please send my GED results to the Education Department at this facility.

Director _____ in this prison.
NAME

▶▶▶ I hereby authorize the Utah State Office of Education to release my records to me (address above) and/or to the address(es) listed below.

Please print other address(es) to which transcript(s) is/are to be mailed: (Transcript may be faxed. Please provide recipient name, phone number and FAX #.)

(1) _____ (2) _____

Please sign on the signature line below. Transcripts will not be issued without a signature. REMEMBER to include I.D.

Signature of Examinee: _____