Office of Student Supports and Organizational Effectiveness
Bureau of Health/Nutrition, Family Services and Adult Education

REQUEST FOR OFFICIAL GED TRANSCRIPT

THIS FORM CAN BE DUPLICATED

PLEASE PRINT

Name: _____
First Middle Last

Name at the time you took the GED examination (if different from above):

_____
First Middle Last

YEAR THAT GED TEST WAS TAKEN: _____ (If not certain, give an approximate year.)

LOCATION TEST WAS TAKEN: _____

Last 4-digits of Social Security Number: ___ ___ ___ ___

Date of Birth: _____

Current Address: _____
Street Apartment or Unit Number

_____
Town State Zip Code

Phone Number: _____

MAIL OR FAX A TRANSCRIPT TO:

Address: _____
Name of Institution/Employer

_____
Street Suite Number

_____
Town State Zip Code

Fax Number: _____

Signature: _____ **Date:** _____

Mailing Address: **GED OFFICE**
Connecticut State Department of Education
25 Industrial Park Road
Middletown, CT 06457

Phone Number: **(860) 807-2111 or 2110**
FAX Number: **(860) 807-2112**

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