



Ohio GED Transcript Request and Release of Information Form



1. Security Number (Social Security number or number used when testing):

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2. *Name of GED student (current): _____

3. Street address (current): _____ Apt.: _____

4. City: _____ State: _____ ZIP: _____

5. Day Phone Number () _____ - _____ Date of Birth: _____

6. City and State where student tested: _____ Year tested: _____

7. Name(s) when tested (if different than above): _____

NOTE: If you are requesting that we send a transcript to the above address, skip question 8.

8. Send transcript to (if not to yourself): _____

Business Name: _____

Attn. Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

FEES AND REQUIREMENTS MONEY ORDERS ONLY

Only Money Orders (payable to Ohio Testing Services) are accepted and must be sent with this request.

NOTE: FEE IS NON-REFUNDABLE

CHOOSE ONE:

#1 Standard Service (\$5.00): Transcript is processed (first class mail) within 7-10 business days of receipt in the GED Office; or

#2 Priority/Faxing Service (\$10.00): (YOU MUST WRITE "PRIORITY PROCESSING" ON THE FRONT OF THE ENVELOPE). Transcript is processed, faxed (if requested) and mailed first class.

▶ Fax number if you are requesting fax service: () _____ - _____

▶ Attention: Name _____ Title _____

✓ The transcript will be faxed before mailing if you check the box above and give a valid fax number.

*The **GED student** listed above **must sign and date** this release of information form.

I, the undersigned, consent to the release of my GED records.

X _____ Date: _____
Signature of GED Student

Send completed form and **money order** to this address: **GED Transcript Office**
25 South Front Street, 1st Floor
Columbus, Ohio 43215-4183

NOTE: MAKE MONEY ORDER PAYABLE TO: OHIO TESTING SERVICES