



Tennessee Department of Labor and Workforce Development
Division of Adult Education

REQUEST FOR OFFICIAL GED® TRANSCRIPT OR DUPLICATE DIPLOMA

Allow 2-3 weeks for delivery.

Please check the document requested:

Copy of GED® test scores (transcript)

Duplicate copy of GED® diploma

PLEASE PRINT

Name: **(Your legal name at time of testing.)**

First

Middle

Last

Year GED® test was taken: Year _____ (If not certain, give an approximate year.)

Social Security Number: _____

Date of Birth: _____

Phone number with area code: _____

Test Site (or City where test was taken): _____

PLEASE PRINT NAME AND ADDRESS TO WHICH GED® DOCUMENTS SHOULD BE MAILED:

(Note: Colleges that require official copies of GED® diplomas and/or transcripts must receive the documents mailed to them directly from this office or unopened in a State sealed envelope.) WE DO NOT FAX TRANSCRIPTS OR SCORES.

Name: _____

Address: _____

Street

Apartment or Unit Number

City

State

Zip Code

I hereby certify that all information provided is completely true, and I authorize the release of my scores.

Signature (Required): _____ **Date:** _____

Mail or Fax this form to:

**Tennessee Department of Labor and Workforce Development
Division of Adult Education / GED Office
220 French Landing Drive
Nashville, TN 37243-1002
Fax: 615-532-4899 or 615-532-7048**