

Counseling & Testing Center

Bell Hall Suite 123
Berrien Springs, MI 49104-0130
269-471-3470

GED Transcript Request Application

\$15.00 (Cash or US Money Order) for each GED transcript request must accompany this application. PERSONAL CHECKS ARE NOT ACCEPTED!

Date _____ Year GED was taken _____

Please print YOUR NAME and MAILING ADDRESS below: (Including Zip Code)

Name _____
First Middle Maiden Last

Address _____
Street City State Zip

Social Security # _____ - _____ - _____ Date of Birth _____

Phone Number _____

Examinee requests an official GED transcript sent to address listed below:

School _____

Name: _____

Address #1: _____

Address#2 _____

City _____ State _____ Zip: _____