

## GED Transcript Request

\$15.00 for second transcript request

Date: \_\_\_\_\_ Year GED was taken: \_\_\_\_\_

Name: \_\_\_\_\_  
First Middle Maiden Last

Address \_\_\_\_\_  
Street City State Zip

Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone # \_\_\_\_\_

*(Please provide all the information as requested)*

☐ Examinee requests an official copy of their GED transcript sent to address provided above.

**AND/OR**

☐ Examinee requests an official copy of their GED transcript sent to address provided below.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

\_\_\_\_\_  
Examinee's Signature

\_\_\_\_\_  
Date

**Andrews University**  
Counseling and Testing Center  
Suite 123, Bell Hall  
Berrien Springs, MI 49103  
**Phone:** 269-471-3470  
**Fax:** 269-471-3417