

**MISSISSIPPI
GED TRANSCRIPT REQUEST
(Please Print)**

Name _____
(Name at time of testing)

Date of Birth _____ Social Security No. _____
Month Day Year

Current Name _____

Current Mailing Address _____
P. O. Box or Street
City State Zip Code

Telephone No. (_____) _____
Area Code

Date GED tests were taken _____ Did you pass the tests and receive a diploma? _____

Name and Location of GED Testing Center _____

GED Diploma No. _____ Date Issued _____
(If Known) (If Known)

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

PLEASE CHECK:
_____ \$5.00 is enclosed for transcript
_____ \$5.00 is enclosed for diploma
_____ \$10.00 is enclosed for both

I hereby authorize the State GED Administrator to release my GED transcript to the address listed above.

SIGNATURE _____ Date _____
(Signature required to mail transcript)

THERE IS A \$5.00 CHARGE FOR A COPY OF YOUR TRANSCRIPT. PAYMENT MUST BE MADE BY CASHIER CHECK, CERTIFIED CHECK OR MONEY ORDER. PLEASE MAKE IT PAYABLE TO THE SBCJC.

THERE IS AN ADDITIONAL CHARGE OF \$5.00 IF YOU REQUEST ANOTHER DIPLOMA. PAYMENT MUST BE MADE BY CASHIER CHECK, CERTIFIED CHECK OR MONEY ORDER. PLEASE MAKE IT PAYABLE TO THE SBCJC.

PERSONAL CHECK OR CASH WILL NOT BE ACCEPTED.

Mail to: State Board for Community and Junior Colleges
State GED Office
3825 Ridgewood Road
Jackson, Mississippi 39211