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