



## Regional Office of Education #11

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### REQUEST FOR GED INFORMATION

#### PLEASE PRINT CLEARLY

Name: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Current Address / City / State / Zip:

\_\_\_\_\_  
\_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Previous Name(s) \_\_\_\_\_

Year of GED Test Completion \_\_\_\_\_

Complete address where (transcript/certificate) is to be sent:

If requesting transcript to be faxed, please include name of company (if applicable), contact person and fax number.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the above information is correct to the best of my knowledge.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Today's Date**

Each official transcript is \$8.00

**Number of Transcripts** \_\_\_\_\_

Each Certificate is \$10.00

**Number of Certificates** \_\_\_\_\_

ABOVE FEES ARE NON-REFUNDABLE  
We accept cash, personal check or money orders.  
Please make check and/or money order payable to **Regional Office of Education #11**