

Ohio GED Transcript Request and Release of Information Form

1. Security Number (Social Security number or number used when testing):

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2. *Name of GED student (current): _____

3. Street address (current): _____ Apt.: _____

4. City: _____ State: _____ ZIP: _____

5. Day Phone Number () _____ Date of Birth: _____

6. City and State where student tested: _____ Year tested: _____

7. Name(s) when tested (if different than above): _____

NOTE: If you are requesting that we send a transcript to the above address, skip question 8.

8. Send transcript to (if not to yourself): _____

Business Name: _____

Attn. Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

FEES AND REQUIREMENTS

MONEY ORDERS ONLY

Only Money Orders (payable to Ohio Testing Services) are accepted and must be sent with this request.

NOTE: FEE IS NON-REFUNDABLE

CHOOSE ONE:

#1 Standard Service (\$10): The GED Office will process your transcript within 7-10 business days from the day it is received. It will be sent to you using first-class mail. Allow time for mail delivery.

#2 Priority/Fax Service (\$15): The GED Office will process your transcript on the day it is received. It will be sent to you using first-class mail or it will be faxed to you if you so request. **YOU MUST WRITE "PRIORITY PROCESSING" ON THE FRONT OF THE ENVELOPE.**

▶ Fax number if you are requesting fax service: (_____) _____ - _____

▶ Attention: Name _____ Title _____

✓ *The transcript will be faxed before mailing if you check the box above and give a valid fax number.*

*The GED student listed above **must sign and date** this release of information form.

I, the undersigned, consent to the release of my GED records.

X _____ Date: _____
Signature of GED Student

Send completed form and **money order** to this address: **GED Transcript Office**
25 South Front Street, 1st Floor
Columbus, Ohio 43215-4183

NOTE: MAKE MONEY ORDER PAYABLE TO OHIO TESTING SERVICES

Ohio GED Duplicate Diploma Request Form

(This office ONLY has GED records for the State of Ohio)

1. Security Number (Social Security number or number used when testing):

<input type="text"/>	<input type="text"/>	<input type="text"/>	•	<input type="text"/>	<input type="text"/>	•	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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2. *Name of GED student (**current**): _____

3. Street address (**current**): _____ Apt.: _____

4. City: _____ State: _____ ZIP: _____ - _____

5. Day Phone Number (_____) _____ - _____ D.O.B.: _____

6. City and State where student tested: _____ Year tested: _____

7. Name(s) when tested (**if different than above**): _____

PRINTING/PROCESSING/MAILING/RECEIPT OF DIPLOMA MAY TAKE UP TO 30 DAYS.

FEE REQUIREMENT: \$25.00 BY MONEY ORDER ONLY

(No personal checks, please!)
NOTE: FEE IS NON-REFUNDABLE

#1 **\$25.00 Money Order Payable to: OHIO TESTING SERVICES, must be sent with this request.**

*The GED student listed above **must sign and date** this form.

X _____ Date: _____
Signature of GED Student

Send completed form with payment to this address:

**State GED Office
25 South Front Street, 1st Floor
Columbus, Ohio 43215-4183**