

MISSISSIPPI
GED TRANSCRIPT REQUEST
(Please Print)

PLEASE NOTE AT THE BOTTOM THAT A FEE IS REQUIRED.

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 OR DIPLOMA. PAYMENT MUST BE MADE BY MONEY ORDER, CASHIER CHECK OR CERTIFIED CHECK. NOTE: IF NO RECORD IS FOUND, PAYMENT WILL BE APPLIED TOWARD A RESEARCH FEE. MAKE CHECKS PAYABLE TO SBCJC.

PERSONAL CHECK OR CASH WILL NOT BE ACCEPTED.

Mail to: Mississippi Community College Board
State GED Office
3825 Ridgewood Road
Jackson, Mississippi 39211