

Washtenaw Community College
GED Testing Center
4800 E. Huron River Drive, SC 309
Ann Arbor, MI 48105
Phone: 734.677.5100
Fax: 734.677.5402

GED TRANSCRIPT REQUEST FORM

Please allow one week for processing (if prior to 1979, approximately three weeks).

- Examinee request.** An official copy of the GED test scores are to be reported to the address(es) listed.

AND/OR

- I would like to have my transcript sent to:**

Name: _____

Address: _____

City, State, Zip: _____

Required Information

NAME (maiden name if applicable): _____

CURRENT ADDRESS: _____

CITY, STATE, ZIP: _____

SS#: _____ Date of Birth: _____

DATE OF TESTING (month/year) if known: _____

TELEPHONE NUMBER: (____) _____

I hereby authorize the Washtenaw Community College, GED Testing Center to release my records to the address(es) listed below:

Signature of Examinee: _____ Date: _____

We charge \$5 per transcript. A money order must be made out to Washtenaw Community College. Your transcript request form and the money order should be sent together. Forms without money orders will be discarded after 3 weeks.