


NEW HAMPSHIRE GED TRANSCRIPT REQUEST FORM

To receive a GED transcript, please fill out the form completely. Please write clearly to be sure your information is easy to read. The fee for a transcript is \$5.00. Please mail \$5.00 in a check or money order made payable to the State of New Hampshire with your completed GED Transcript Request form.

Send to: **GED Testing Program, NH Department of Education, Division of Adult Learning and Rehabilitation, 21 South Fruit Street, Suite 20, Concord, NH 03301.**

FULL NAME AT THE TIME OF TESTING: _____

DATE OF BIRTH: _____

SOCIAL SECURITY #: _____

YEAR CERTIFICATE WAS ISSUED: _____

(records are filed by year)

TOWN RESIDED IN AT TESTING TIME: _____

PLACE (TOWN) TESTED: _____

PRESENT NAME: _____

PRESENT ADDRESS:

City: _____ State: _____ Zip: _____

DAYTIME PHONE: _____

ADDRESS TO SEND TRANSCRIPT (if different from above):

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

SIGNATURE: _____

(Please feel free to print copies of this form.)

When your transcript request is received, it will be processed within two business days.