Georgia Department of Technical and Adult Education Office of Adult Literacy/GED Testing Service **1800 Century Place, Suite 300-B** Atlanta, Georgia 30345 (404) 679-1645

Hours of operation for Walk-Ins: 9:00 a.m. - 4:00 p.m., Monday – Friday.

<u>Faxed requests are not accepted.</u> Requests without appropriate payment and/or signature will not be processed. **Allow up to (4) four weeks for processing**.

NOTE: Researched records will incur a \$5 non-refundable processing fee. Separate money orders should be submitted for each requested document.

Revised: 06/22/2007

Payment: Money Order, Company Check or Cashier's Check

(NO PERSONAL CHECKS ACCEPTED)

Fees: \$5.00 Transcript (Official copy of GED Scores)

\$8.00 GED Diploma

\$8.00 Miniature GED Diploma

GED Transcript / Diploma Request Form

Please Pfint. Co	ompiete ali items belo	w to assist in completing	your request.
Name:			
Legal Name at time of te	sting:		
Current Address:			
City:	State:	Zip Code	e:
Social Security Number:		Date of Birth:	
Phone Number () your request)		
Where did you test?		Year Tested	?
Did you pass? □ Yes	□ No What y	ear was your GED Dip	oloma issued?
Are you requesting:	Transcript (Officia Replacement GEI Miniature GED Di	<i>I copy of GED Scores)</i> D Diploma ploma	How many? How many? How many?
Complete mailing address where documents are to be forwarded:			
Signature:			Date:
	DO NOT WRITE E	BELOW THIS LINE.	
OFFICE USE ONLY ☐ Cash ☐	Money Order	☐ Cashier's Check	
Amount Received \$	Received by:		