



GENERAL EDUCATIONAL DEVELOPMENT (GED)
RECORDS REQUESTS

Date _____

To obtain records from the Minnesota GED testing office, please supply the information required below. There is no charge for the service at this time. Requests for records are filled as soon as possible and are mailed within one to two working days of receipt of the request. **One duplicate diploma is allowed for each Minnesota graduate. GED records will not be faxed.**

PLEASE TYPE OR PRINT LEGIBLY.

Name _____

Name at the time of testing _____

Approximate month and year tested _____

Where tested (center/city/location needed) _____

Last four digits of your social security number _____

Date of birth _____

I can be reached at this/these phone(s) number in case there is a question in finding my records:

Home: _____ Cell: _____ Work: _____

What are you requesting? Duplicate diploma (one allowed) _____
Transcript/test scores _____

Where do you want it sent? Name _____
Address _____
City _____
State _____ Zip _____

Signature (required) _____

Send requests by U.S. Mail to: GED Testing Office
1500 Highway 36 West
Roseville, MN 55113-4266

Or to submit your request by fax: 651-582-8458 . **GED records will not be returned by fax**