

Workforce Development Agency, State of Michigan  
Division of Education & Career Success - GED Testing  
Victor Office Center, 201 N. Washington, 3rd Floor  
Lansing, MI 48913

Phone: 517.373.1692 - Fax: 517.335.3461

Email: GEDProgram@michigan.gov

GED TRANSCRIPT REQUEST

REQUIRED INFORMATION

NAME (maiden name if applicable): \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

TELEPHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_

DATE/LOCATION TESTING (month/year) if known: \_\_\_\_\_

I hereby authorize the Workforce Development Agency, State of Michigan, Division of Education & Career Success - GED Testing, to release my records to the address(es) listed below:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: You must use a physical signature. We do not accept computer font signatures.  
WE DO NOT ISSUE DUPLICATE CERTIFICATES.

WE DO NOT FAX OR EMAIL TRANSCRIPTS!

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

I would like an official copy of the GED transcript to be reported to the address listed above.

I would also like to have my transcript sent to the address below:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Reason for transcript request (mark all that apply):

- Enroll in Technical/Trade Program, Enter 2-Year or 4-Year College or University
- Job Training, get first job or better job, keep current job, or employer requirement
- Military entrance or military career
- Other

GED test scores can only be combined as long as they are within the same test series.