

COLORADO GED TRANSCRIPT RELEASE FORM

Fill this form out **COMPLETELY** and include the required \$15.00 fee for **EACH RECORD YOU ARE REQUESTING**. Mail your request to: **GED TESTING PROGRAM**, 201 E Colfax Ave Room 100, Denver CO 80203. Please make the check/money order payable to GED Testing Program.

YOUR NAME AT THE TIME OF TESTING

DID YOU EVER ATTEND A COLORADO
PUBLIC SCHOOL? YES NO

YOUR PRESENT NAME (IF DIFFERENT)

YEAR GED TAKEN _____

PRESENT MAILING ADDRESS

GED TESTING CENTER / CITY

CITY STATE ZIP

DATE OF BIRTH SOCIAL SECURITY #

TELEPHONE NUMBER

SIGNATURE **(REQUIRED)**

COST IS \$15.00 FOR EACH RECORD.

ADDRESS WHERE YOU WISH IT MAILED

NUMBER OF COPIES NEEDED:

_____ TRANSCRIPT(S)

_____ DUPLICATE DIPLOMA(S)

AMOUNT ENCLOSED: \$ _____

Please fill out form **completely** and return along with the \$15.00 per copy fee for processing.