

GED Release of Information Form



Tested Name: _____

Home Address: _____
(where you live now)

Phone Number: (____) -- ____ -- ____
(Please include a phone number where you can be reached during the day)

YEAR GED Diploma/Transcript was **ISSUED** to you: ____

Your Date of Birth: _____
Month Day Year

Social Security Number: ____ - ____ - ____

The name of the center where you tested: _____

The name of the county where you tested: _____

Please sign at the **X** below to give the WV Department of Education permission to release your GED records.

X _____

Check where you want your GED Diploma/Transcript mailed or faxed below:

Educational Institution Military, Employer or Self.

Make money order out and mail all information to following address:

West Virginia Department of Education/GED
Capitol Complex, Bldg. 6 Rm. 250
1900 Kanawha Blvd. E.,
Charleston, WV 25305

Phone: 304-558-6315
Fax: 304-558-4874

STOP... do you have everything?

If you are requesting a *diploma/transcript*, you must the first 3 boxes so that we can provide you with the right assistance. If you are a "Retester," please just boxes 1, 3, and 4.

1. Release of Information Form
2. \$10.00 Money Order
3. Photo copy of State ID, Passport, or Correctional ID
4. Retester

For every copy sent there is a NON-REFUNDABLE \$10.00 processing/research fee.

You must not forget anything or it will be sent back!