LOUISIANA STATE DEPARTMENT OF EDUCATION Division of Family, Career and Technical Education Ph: (225) 342-3726 Fax: (225) 219-4439

REQUEST FOR COPY OF GED SCORES

This form is for GED students only. To obtain a copy of your GED test scores, please complete the form below and return it to the address listed below. It is **MANDATORY** that you sign this form before returning it or your request cannot be processed.

____X___ COPY OF GED SCORES

INFORMATION NEEDED: (Please Print)

Present Name:	
Name at time of testing:	
Date of Birth:	Social Security Number:
High School through which Equiva	alency diploma was issued:
Year tested:	Year diploma was received:
Were you in the military at the time	e of testing, or were you a veteran? Yes No
Phone Number: ()	<u></u>
Signature:	Date:
Where do you want the GED score	s mailed:
Mail or fax this form to:	Division of Family, Career and Technical Education Department of Education P O Box 94064 Baton Rouge LA 70804-9064