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 Equivalency diploma was issued:  _______________________

Year tested:  ____________________ Year diploma was received:  ____________________

Were you in the military at the time of testing, or were you a veteran? Yes _______ No _____

Phone Number:  (___) - _______.

Signature:  ________________________________ Date:  ______________________

Where do you want the GED scores 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