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GED Testing  
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## GED TRANSCRIPT REQUEST

### Required Information

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

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

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

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

DOB: \_\_\_\_\_

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

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

I hereby authorize the Michigan Department of Labor & Economic Growth, GED Testing to release my records to the address(es) listed below:

Signature of Examinee: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: There is no fee for transcript copies. WE DO NOT FAX TRANSCRIPTS.**

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

- Examinee request. An official copy of the GED test scores are to be reported to the address listed above.

- I would like to have my transcript sent to:

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

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

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