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Office of Adult Education
GED® Testing Program (GaGTP)
1800 Century Place, Suite 300B, Atlanta, Georgia 30345
(800) 94 MY GED or (404) 679-1645
FAX (404) 679-4911
www.tcsg.edu

Please do not complete and submit this form if you did not take the GED Tests in GEORGIA. Personal checks are NOT ACCEPTED.

GED Official Transcript / Diploma Request Form

GED test-takers can visit the Georgia GED Testing Program during the following hours to obtain duplicate diplomas and transcripts:

9:00 a.m. - 4:00 p.m., Mondays, Tuesdays, Thursdays & Fridays
9:00 a.m. - 7:00 p.m., Wednesdays

Faxed requests are not accepted. Requests without appropriate payment and/or signature will not be processed.

Allow up to (3) three weeks for processing.

Researched records will incur an $8 non-refundable processing fee. Submit a separate money order for each requested document.

Forms of Payment Accepted: Money Orders, Company Checks or Cashier’s Checks payable to: GaGTP (no personal checks)
Fees:
$8.00 Transcript (Official copy of GED Scores)
$15.00 GED Diploma

Please Print. Complete all items below to assist in completing your request.

Name: ________________________________________________________________________________________________________________

Legal Name at Time of Testing: _________________________________________________________________________________________

Current Mailing Address: ______________________________________________________________________________________________

City: __________________________ State: __________________________ Zip Code: __________________________

Social Security Number: __________________________ Date of Birth: __________________________

Phone Number(s) (in case we need to contact you about your request): ____________________________________________________________

E-mail address: __________________________

Where did you test in GEORGIA? __________________________ Year Tested? __________________________

Did you pass? □ Yes □ No If Yes, what year was your GED Diploma issued? __________________________

Are you requesting: □ Transcript (Official copy of GED Scores) How many? __________
□ Replacement GED Diploma How many? __________

Complete name/institution and mailing address where documents are to be sent: __________________________________________________________

______________________________________________________________________________________________________________________

Signature: __________________________ Date: __________________________

DO NOT WRITE BELOW THIS LINE. OFFICE USE ONLY

□ Cash □ Money Order □ Cashier’s Check Amount received $____________________ Received by: __________________________

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