Request for Official GED Diploma and/or Transcript

PLEASE READ THIS SECTION CAREFULLY BEFORE COMPLETING YOUR REQUEST FORM

The following items **must accompany this request form.** Failure to include these items may result in your request being returned.

1. **$6** for each transcript **and/or** diploma.
2. An appropriate sized envelope **addressed to where you want us to mail** the document:
   A diploma requires **postage** on a **10 X 13 manila** envelope.
   A transcript requires **First Class postage** on a **#10 letter** envelope.
3. Money order or cashier's check made payable to the **Florida Department of Education. Personal checks or cash are NOT accepted.**

This form should NOT be used to request a copy of a diploma or transcript if the student earned a standard or adult high school diploma from a Florida public high school. Please contact the district office in the county where the person graduated.

Examinee Information

Name _____
Last First MI Suffix (Jr., Sr., etc.)

Social Security # _____-_____-_____ Date of Birth _____/_____/_____

Name at time of testing (if different) _____

Mailing Address _____ Daytime Phone (____) _____-_____

_____

Indicate the **YEAR** you took the test? _____ Diploma Number (if known) _____
(if current year, please give **DATE** of testing)

Indicate the **COUNTY** or **CITY** where you tested? _____

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Indicate address where document is to be mailed. (This should be same as your return envelope.)

Name: _____ Daytime Phone (____) _____-_____

Mailing Address _____

_____

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Payment Required:

_____Transcripts X $6 = $_____

_____Diplomas X $6 = $_____

Total Payment Enclosed
(Cashier's check or money order ONLY) $_____

For GED Office Use Only:
Ordered_____
Mailed_____

_____ _____
Signature Date

MAIL REQUEST FORM TO:	FOR ADDITIONAL ASSISTANCE CALL:
GED Testing Office Florida Department of Education 325 West Gaines Street, Room 634 Tallahassee, Florida 32399-0400	Call Toll Free in Florida 1-877-352-4331 850/245-0449

HHHHHH Processing time is approximately 7 to 10 working days from date of receipt of the request in our office. HHHHHH

Revised 07/01 Duplicate as Necessary