

Request for Official Florida GED® Credentials

PLEASE READ THIS SECTION CAREFULLY BEFORE COMPLETING YOUR REQUEST FORM
Do not submit this form to the Florida GED® Testing Office if you did not take the GED® Tests in Florida. Funds will not be returned for transcript/diploma requests in which research is required and no records are found. If you are unsure of whether you took the GED® tests in Florida, you should submit a verification request available at no charge following the instructions at <http://ged.fldoe.org/verify.asp>. The following items **must accompany this request form. Failure to include these items may result in your request being returned.**

1. **\$8** money order or cashier's check made payable to the **Florida Department of Education** for **each transcript or diploma. Personal checks or cash are NOT accepted.** Include your name and last 4-digits of your social security number on the money order or check.
2. An appropriate sized **envelope addressed to where you want us to mail** the document:
A **diploma** (certificate) requires **\$1.15 cents postage** on a **10x13** envelope. (International postage \$1.40)
****A transcript** (scores) requires **First Class postage** on a **business size** envelope. (International postage \$0.70)
If you order both documents, and they are being sent to the same address, send only a 10x13 envelope.

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 school board office in the county where the person graduated. PLEASE REMEMBER, THE GED OFFICE IS NOT ALLOWED TO SEND CERTIFICATE OR SCORES BY FAX.

Examinee Information

Name:

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

Social Security Number (SSN): ____ - ____ - ____ Date of Birth: ____ / ____ / ____

Name at time of testing (if different) _____

Mailing Address (current): _____
City State Zip

Daytime Phone: _____ E-mail address: _____

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

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

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

Name: _____ Daytime Phone _____

Mailing Address _____
City State Zip

Payment Required:

_____ Transcripts (scores) X \$8.00 = \$ _____

_____ Diplomas X \$8.00 = \$ _____

Total Payment Enclosed \$ _____

(Cashier's check or money order ONLY - Include Name and last 4-digits of SSN on check or money order)

Signature of GED® Candidate (required) Date

MAIL REQUEST FORM TO:

GED® Testing Office
Florida Department of Education
325 West Gaines Street, Room 634
Tallahassee, Florida 32399-0400

FOR ADDITIONAL ASSISTANCE, CALL:

850/245-0449
1-877-352-4331 (Toll-free, Florida Only)

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

Revised 5/22/12

Duplicate as Necessary