



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 at the address above on Monday, Tuesday, Thursday or Friday from 9am to 4pm or on Wednesday from 9am to 7pm to obtain duplicate diplomas and transcripts.

Faxed requests are not accepted. Requests without appropriate payment and/or signature will not be processed. Allow (3) three weeks for processing.

Submit a separate money order for each requested document. If no record is found, payment will be applied toward a research fee.

Forms of Payment Accepted: Money Orders, Company Checks or Cashier's Checks made payable to: Georgia GED Testing Program
Fees: \$8 Official Transcript (Official copy of GED Tests scores)
\$15 Georgia 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: \_\_\_\_\_