



<b>FOR OFFICE USE ONLY:</b> Date Rec'd: _____ Ck Amt: _____ Initials: _____
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**Request to Release Transcript**

Please check appropriate box for the transcript(s) you are requesting:

- GED Transcript**
 **Adult Diploma Program Transcript**

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

Name at Time of Testing (if different from above): \_\_\_\_\_

State of Residence at Time of Testing: \_\_\_\_\_

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

Current Telephone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Approximate Date of when you completed: \_\_\_\_\_

Testing Location: \_\_\_\_\_

Date by Which You Need Transcript(s): \_\_\_\_\_

I authorize the GED Office of the Vermont Department of Education to release a copy of my GED and/or Adult Diploma Program transcript(s) to the individual or organization(s) below:

Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
_____	_____

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**A transcript fee of \$3.00 (per copy), made payable by check or money order to Treasurer, State of Vermont, MUST accompany this request form. Please send to:**

**GED Office**  
**Vermont Department of Education**  
**120 State Street**  
**Montpelier, VT 05620-2501**

\* Please expect at least 2 weeks to process your request(s). Missing information will result in further delays.