

GED TESTING SERVICE
VERMONT DEPARTMENT OF EDUCATION
Authorization to Release GED Scores

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: _____

TEST TAKEN	APPROXIMATE DATE	TESTING LOCATION
Writing Skills		
Social Studies		
Science		
Literature and the Arts		
Mathematics		

Date By Which You Need Scores: _____

I authorize the GED Testing Office of the Vermont Department of Education to release a copy of my GED scores to the individual or organization below:

Name: _____

Address: _____

Signature: _____ Date: _____

A transcript fee of \$3.00, made payable by check or money order to Treasurer, State of Vermont, should accompany this request form. Please send to:

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