



Tennessee Department of Labor and Workforce Development
Division of Adult Education

REQUEST FOR OFFICIAL GED® TRANSCRIPT OR DUPLICATE DIPLOMA

Please check the document requested:

- Copy of GED® test scores (transcript) Duplicate copy of GED® diploma

PLEASE PRINT

NAME: (Your name at the time you took the GED® test)

First Middle Maiden (if applicable) Last

YEAR GED® TEST WAS TAKEN: Year (If not certain, give an approximate year.)

Social Security Number:

Date of Birth:

Phone number with area code:

Test Site (or City where test was taken):

PLEASE PRINT NAME AND ADDRESS TO WHICH GED® DOCUMENTS SHOULD BE MAILED:

(Note: Colleges and learning institutions that require official copies of GED® Diplomas and/or transcripts must receive the documents mailed to them directly from this agency or unopened in a State sealed envelope.)

Name:

Address: Street Apartment or Unit Number

City

State Zip Code

Signature (Required): Date:

Mail or fax this form to:

Tennessee Department of Labor and Workforce Development
Division of Adult Education/GED Office
220 French Landing Drive
Nashville, TN 37243-1002
Fax: 615-532-4899

FOR OFFICE USE ONLY: Date received Received by