MISSISSIPPI
GED TRANSSCRIPT REQUEST
(Please Print)

PLEASE NOTE AT THE BOTTOM THAT A FEE IS REQUIRED.

Name _____________________________________________ (Name at time of testing)

Date of Birth ________________________________ Social Security No. ________________________________
Month    Day    Year

Current Name _____________________________________________

Current Mailing Address _____________________________________________
P. O. Box or Street _____________________________________________
City State Zip Code

Telephone No. (__________) Are Code

Year GED test was taken ___________________________ Did you pass the test? Circle one: Yes No

City of GED Testing Center _____________________________________________

GED Diploma No. ___________________________ Date Issued ___________________________ (If Known) (If Known)

PLEASE PRINT NAME AND ADDRESS TO WHICH GED TRANSSCRIPT SHOULD BE MAILED:
___________________________________________________________

PLEASE CHECK:

  $5.00 is enclosed for transcript
  $5.00 is enclosed for diploma
  $10.00 is enclosed for both

___________________________________________________________

I hereby authorize the State GED Administrator to release my GED transcript to the address listed above.

SIGNATURE _____________________________________________ Date ___________________________ (Signature required to mail transcript)

THERE IS A $5.00 CHARGE FOR A COPY OF YOUR TRANSCRIPT OR DIPLOMA. PAYMENT MUST BE MADE BY MONEY ORDER, CASHIER CHECK OR CERTIFIED CHECK. NOTE: IF NO RECORD IS FOUND, PAYMENT WILL BE APPLIED TOWARD A RESEARCH FEE. MAKE MONEY ORDERS PAYABLE TO MCCB.

PERSONAL CHECK OR CASH WILL NOT BE ACCEPTED.

Mail to: Mississippi Community College Board
         State GED Office
         3825 Ridgewood Road
         Jackson, Mississippi 39211