

**Ms. Amy Heckman, Departmental Analyst  
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GED Testing  
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## **GED TRANSCRIPT REQUEST**

### **Required Information**

**NAME (maiden name if applicable):** \_\_\_\_\_

**CURRENT ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_

**SS#:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**DATE OF TESTING (month/year) if known:** \_\_\_\_\_

**TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_\_**

**I hereby authorize the Michigan Department of Labor & Economic Growth, GED Testing to release my records to the address(es) listed below:**

**Signature of Examinee:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please allow one week for processing (if prior to 1979, approximately three weeks).**

- Examinee request. An official copy of the GED test scores are to be reported to the address(es) listed.**

**AND/OR**

- I would like to have my transcript sent to:**

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

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_