



Records Request Form Must show picture ID

I, _____, authorize ABC Adult School to release my GED records. My date of birth is _____.
My phone number is _____.

Please select one of the following:

I will pick up the GED records myself

Please mail my GED records to this address: _____
(GED transcripts can NOT be faxed).

Student's Signature _____

There's a \$2.00 document fee and an additional \$5.00 processing fee for the official transcript to be mailed.
Someone else **may not** pick up your GED record unless they have a written permission from you.

Office: Please make a copy of student's ID and staple to this form.

Staff's Initial: _____



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