

WE HAVE RECORDS FOR THOSE WHO TESTED IN INDIANA. IF YOU TESTED IN ANOTHER STATE, CONTACT THAT STATE'S GED ADMINISTRATOR.

<http://www.acenet.edu/AM/Template.cfm?Section=GEDAdmins&TEMPLATE=/CM/ContentDisplay.cfm&CONTENTID=6841#nc>

APPLICATION FOR RELEASE OF INDIANA GED TEST SCORES/DIPLOMA (circle one or both)

Name: _____
Last First Middle

Name(s) at time of testing: _____

Telephone Number: _____
(Area Code)

Date of Birth: _____
Month Day Year

GED Test Year (approximate, if necessary): _____

Location of Testing Center: _____

Mail scores/diploma to:

Name: _____

Address: _____
Street Apartment #

_____ City State Zip Code

Or, fax scores to: _____

I certify that the above information is true to the best of my knowledge and hereby authorize release of my GED test scores.

APPLICANT'S SIGNATURE: (Request cannot be processed without the applicant's signature.)

Return this release form to: FAX 317/233-0859
MAIL Division of Adult Education
GED Records
151 W. Ohio St.
Indianapolis, IN 46204-2798