GED Official Transcript / Diploma Request Form

GED test-takers can visit the Georgia GED Testing Program during the following hours to obtain duplicate diplomas and transcripts:

9:00 a.m. - 4:00 p.m., Mondays, Tuesdays, Thursdays & Fridays
9:00 a.m. - 7:00 p.m., Wednesdays

Fax requests are not accepted. Requests without appropriate payment and/or signature will not be processed.

Allow up to (3) three weeks for processing.

Researched records will incur an $8 non-refundable processing fee. Submit a separate money order for each requested document.

Forms of Payment Accepted: Money Orders, Company Checks or Cashier’s Checks payable to: GaGTP (no personal checks)

Fees:

- $8.00 Transcript (Official copy of GED Scores)
- $15.00 GED Diploma

Please Print. Complete all items below to assist in completing your request.

Name: ___________________________________________________________________________________________________________

Legal Name at Time of Testing: ________________________________________________________________________________________

Current Mailing Address: ____________________________________________________________________________________________

City: __________________________ State: __________________________ Zip Code: __________________________

Social Security Number: __________________________ Date of Birth: __________________________

Phone Number(s) (in case we need to contact you about your request): __________________________________________________________________________________________

E-mail address: __________________________________________________________________________________________

Where did you test in GEORGIA? __________________________________________________________________ Year Tested? __________

Did you pass?  □ Yes  □ No  If Yes, what year was your GED Diploma issued? __________

Are you requesting:  □ Transcript (Official copy of GED Scores)  How many? ______

□ Replacement GED Diploma  How many? ______

Complete name/institution and mailing address where documents are to be sent: __________________________________________________________________________________________

____________________________________________________________________________________________________________________

Signature: __________________________________________ Date: __________________

DO NOT WRITE BELOW THIS LINE. OFFICE USE ONLY

□ Cash  □ Money Order  □ Cashier’s Check  Amount received $__________  Received by: __________________________________________________________________