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**Office of Adult Education**
**GED® Testing Program (GaGTP)**
1800 Century Place, Suite 300B, Atlanta, Georgia 30345
(800) 94 MY GED or (404) 679-1645
FAX (404) 679-4911
www.tcsg.edu

Please do not complete and submit this form if you did not take the GED Tests in GEORGIA. Personal checks are NOT ACCEPTED.

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**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

Faxed 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

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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? ________

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

Signature: ____________________________________________________________ Date: _____________________

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**DO NOT WRITE BELOW THIS LINE. OFFICE USE ONLY**

□ Cash  □ Money Order  □ Cashier’s Check  Amount received $________________________  Received by: ________________________________

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