



Office of the  
State Superintendent of Education

**GED TRANSCRIPT/VERIFICATION REQUEST FORM**

NOTE: We must have all of the information requested to process your GED Transcript or Verification. Please print clearly and use all CAPITAL letters. Please complete the ENTIRE form. Incomplete requests will be returned. \*There is a fee assessed for each year requested to be searched. (For example: if you indicate that we need to research years 2003, 2004 and 2005 for your GED scores, you must pay a fee for each year.)\*

SOCIAL SECURITY NUMBER: _____		DATE OF BIRTH		MONTH	DAY	YEAR	AGE
CURRENT NAME:	LAST NAME/SURNAME		FIRST NAME			MIDDLE INITIAL	
NAME AT THE TIME OF TESTING	LAST NAME/SURNAME		FIRST NAME			MIDDLE INITIAL	
STREET ADDRESS (PLEASE FILL IN THE APPLICANT'S PERMANENT ADDRESS)						APT#	
CITY		STATE	ZIP CODE		WARD		
HOME PHONE ( )		ALTERNATE PHONE ( )					
HOW DID YOU OBTAIN THIS APPLICATION?		APPROXIMATE DATE OF TEST. PLEASE SPECIFY MONTH/YEAR. THIS MUST BE COMPLETED.		PLEASE CHECK ONE:		PLEASE SELECT ONE:	
<input type="checkbox"/> GED TESTING CENTER WALK-IN <input type="checkbox"/> ADULT LEARNING CENTER <input type="checkbox"/> GED TESTING CENTER WEBSITE <input type="checkbox"/> OTHER: _____				<input type="checkbox"/> PASSED <input type="checkbox"/> FAILED		<input type="checkbox"/> GED TRANSCRIPT <input type="checkbox"/> GED VERIFICATION	
SEND GED TRANSCRIPT TO: <input type="checkbox"/> HOME ADDRESS <input type="checkbox"/> UDC ADMISSIONS <input type="checkbox"/> ALTERNATE ADDRESS  NAME: _____  INSTITUTION: _____  ADDRESS: _____  <input type="checkbox"/> CALL FOR PICK-UP TRANSCRIPTS NOT PICKED UP AFTER 3 DAYS WILL BE MAILED  RECEIVED BY: _____  SIGNATURE: _____  DATE PICKED UP: _____		DUPLICATE TRANSCRIPT(S) REQUEST NUMBER OF TRANSCRIPTS REQUESTED: _____ COST: \$ 10.00 PER TRANSCRIPT HOW MANY TIMES DID YOU TAKE THE GED EXAMINATION: _____ THE DC OSSE GED TESTING AND VERIFICATIONS OFFICE SERVES AS A REPOSITORY OF RECORDS FOR INDIVIDUALS WHO TESTED IN OR UNDER THE AUSPICES AN AGENCY OF THE DISTRICT GOVERNMENT. AT WHICH LOCATION DID YOU TAKE THE GED EXAMINATION? <input type="checkbox"/> PENN CENTER <input type="checkbox"/> ARMSTRONG <input type="checkbox"/> CHAMBERLAIN <input type="checkbox"/> FRANKLIN <input type="checkbox"/> LORTON <input type="checkbox"/> POTOMAC JOB CORPS <input type="checkbox"/> UNIVERSITY OF THE DISTRICT OF COLUMBIA <input type="checkbox"/> OTHER (PLEASE SPECIFY) _____  <b>ONLY MONEY ORDERS OR BUSINESS CHECKS ARE ACCEPTED. FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE. PLEASE MAKE PAYMENT PAYABLE TO: GED TESTING AND VERIFICATIONS</b>  FOR THE CURRENT FEE STRUCTURE, REFER TO THE GED TESTING AND VERIFICATIONS WEBSITE: <a href="http://WWW.DCGED.ORG">WWW.DCGED.ORG</a> .  Processing time required for processing from date of receipt by GEDTV : Requests for the years 1995 – Present require 7 – 10 business days Requests for years prior to 1980 – 1994 require 10 - 14 business days Requests for years prior to 1980 require a minimum of 21 business days.					
SIGN HERE						DATE:	

**FOR GED TESTING CENTER USE STAFF ONLY**

OFFICIAL SIGNATURE: _____ DATE: _____		AMOUNT DUE: _____	FEE RECEIVED: _____
DOCUMENT SENT: <input type="checkbox"/> TRANSCRIPT <input type="checkbox"/> VERIFICATION <input type="checkbox"/> UNABLE TO PROCESS <input type="checkbox"/> NO RECORD FOUND		METHOD OF PAYMENT: <input type="checkbox"/> BUSINESS CHECK <input type="checkbox"/> MONEY ORDER	
COMPLETED BY: _____ DATE: _____ SENT VIA: _____		RECEIVED BY: _____ DATE: _____	

PLEASE CHECK IF THIS IS A NOTIFICATION OF "CHANGE OF PERMANENT ADDRESS" \_\_\_\_\_

EXAMINEE'S INITIALS \_\_\_\_\_

FORM REVISED: 10/03/2011