



**REQUEST FOR
GED TRANSCRIPT/SCORE REPORT**



▶ PLEASE PRINT NEATLY ◀

Name at Time of Testing _____

Other Names Possibly Used _____

Social Security # _____ Date of Birth _____

Current Name and Address _____ Current Phone # _____

Approx. Year Tested _____ Where Tested _____

Received Certificate Yes No Tested While in Military Yes No

Request Transcript be Mailed to (complete name and address)

I give Bellevue College GED Testing Office permission to release my GED records to the person/institution I named on this form. I understand that score reports will not be faxed but only sent by regular mail. There is currently no charge for this service.

Signature of GED Test Taker (required) _____ Date Signed (required) _____

**GED Testing Center B132
Bellevue College
3000 Landerholm Circle SE, Bellevue, WA 98007
Phone: 425-564-5609 Fax: 425-564-2138**

GED is a registered trademark of the American Council on Education and may not be used or reproduced without the express written permission of the American Council on Education