



GED Testing Center at the University of the District of Columbia

Mailing Address: 4200 Connecticut Avenue, N.W. MB1005

Washington, DC 20008

Walk In Address: 410 8th Street, NW, Suite 601

Washington, DC 20004

www.dcged.org

GED TRANSCRIPT/VERIFICATION REQUEST FORM

NOTE: We must have all of the information requested to process your GED Transcript or Verification. 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 PERMAMANT 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"/> GED TESTING CENTER WEBSITE <input type="checkbox"/> ADULT LEARNING CENTER <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 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: _____ AT WHAT 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) _____ PLEASE MAKE MONEY ORDERS PAYABLE TO: GED TESTING CENTER FOR THE CURRENT FEE STRUCTURE, REFER TO THE GED TESTING CENTER WEBSITE: WWW.DCGED.ORG . Processing time required after date this request is received: 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: _____ SENT VIA: _____ DOCUMENT SENT: <input type="checkbox"/> TRANSCRIPT <input type="checkbox"/> NO RECORD FOUND LETTER <input type="checkbox"/> VERIFICATION LETTER <input type="checkbox"/> UNABLE TO PROCESS LETTER	AMOUNT DUE::		FEE RECEIVED:	
	METHOD OF PAYMENT: <input type="checkbox"/> BUSINESS CHECK #:			
	<input type="checkbox"/> MONEY ORDER #:			
	RECEIVED BY:		DATE:	
	COMPLETED BY:		DATE:	

_____ PLEASE CHECK IF THIS IS A NOTIFICATION OF "CHANGE OF PERMANENT ADDRESS" _____ EXAMINEE'S INITIALS