

NEW MEXICO GED TESTING PROGRAM



GED Transcript Request Procedure

❖ To request an **Official** or **Personal** copy of your **GED Transcript**:

1. Complete this form. Provide all the information required. Forms without an original signature **will not** be processed.
2. Fax the completed form to the testing center.
3. Transcript requests require a **MINIMUM OF TWO WEEKS** to be processed. **This includes verifications by fax including background investigations.**
4. **Fees may apply at some testing centers.**

Name (at time of testing): _____

Other possible names/spellings: _____

Date of Birth: _____ / _____ / _____
Month Day Year

Social Security Number: _____ / _____ / _____

Phone: (____) _____

Fax: (____) _____

***Year tested is necessary to process your request**
Date GED Diploma issued: _____ OR Date testing completed: _____
Year Year

Tested in English _____ **Tested in Spanish** _____

Name and Location (city) where GED testing was completed:

Please send an **OFFICIAL** GED Transcript to (institution or employers **COMPLETE** mailing address):

Please send a **Personal** copy of my GED Transcript to (home mailing address):

Signature: _____ **Date:** _____