Ohio GED Transcript Request
and Release of Information Form

1. Security Number (Social Security number or number used when testing):
   □ □ □ □ - □ □ □

2. *Name of GED student (current):

3. Street address (current): Apt.: ____________________________
   City: ____________________________ State: ____________ ZIP: ____________

4. Day Phone Number ( ) ____________________________ Date of Birth: ____________

5. City and State where student tested: Year tested: ____________

6. Name(s) when tested (if different than above):

   NOTE: If you are requesting that we send a transcript to the above address, skip question 8.

8. Send transcript to (if not to yourself):
   Business Name: ____________________________
   Attn. Name: ____________________________
   Street Address: ____________________________
   City: ____________________________ State: ____________ ZIP: ____________

FEES AND REQUIREMENTS
MONEY ORDERS ONLY

Only Money Orders (payable to Ohio Testing Services) are accepted and must be sent with this request.

NOTE: FEE IS NON-REFUNDABLE

CHOOSE ONE:

☐ #1 Standard Service ($10): The GED Office will process your transcript within 7-10 business days from the day it is received. It will be sent to you using first-class mail. Allow time for mail delivery.

☐ #2 Priority/Fax Service ($15): The GED Office will process your transcript on the day it is received. It will be sent to you using first-class mail or it will be faxed to you if you so request. YOU MUST WRITE “PRIORITY PROCESSING” ON THE FRONT OF THE ENVELOPE.
   ▶ Fax number if you are requesting fax service: ( __________ ) __________ - __________
   ▶ Attention: Name ____________________________ Title ____________________________
   ✓ The transcript will be faxed before mailing if you check the box above and give a valid fax number.

*The GED student listed above must sign and date this release of information form.

I, the undersigned, consent to the release of my GED records.

X ____________________________ Date: ____________________________
   Signature of GED Student

Send completed form and money order to this address: GED Transcript Office
   25 South Front Street, 1st Floor
   Columbus, Ohio 43215-4183

NOTE: MAKE MONEY ORDER PAYABLE TO OHIO TESTING SERVICES

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