GED TRANSCRIPT REQUEST

If you did not test at Schoolcraft College, please contact your testing institution or the State of Michigan at (517) 373-1692

**Required Information:** (please print clearly)

NAME (maiden name if applicable): __________________________________________________

CURRENT ADDRESS: ____________________________________________________________

CITY, STATE, ZIP: _______________________________________________________________

SS#: ____________________________________

DATE OF BIRTH: ___________________________

DATE TESTED (month/year): __________________________________________

TELEPHONE NUMBER: (_______) ______________________________________

I hereby authorize Schoolcraft College to release my GED records as requested.

Signature: ________________________________ Date: __________________

Note: There is no fee for transcript copies

Please allow approximately one week for processing.

**SEND TRANSCRIPT:**

☐ To the address above (student copy)

☐ To the address below (official copy – one form per address)

Name: _______________________________________________________________________

Address: _____________________________________________________________________

City, State, Zip: __________________________________________________________________