REQUEST FOR PENNSYLVANIA GED TRANSCRIPT

(Please Print Clearly)

Name_____

(First) *(Middle)* *(Last)*

Present Address_____

(Street)

_____

(City) *(State)* *(Zip)*

Telephone # (____) _____-_____ **Social Security # _____-_____-_____**

Date of Birth_____ **Year & Place Tested**_____

Previous Names Tested Under_____

PLEASE MAIL THE OFFICIAL TRANSCRIPT TO:

Name_____

Address_____

_____

(City) *(State)* *(Zip)*

Signature of Examinee _____ **Date**_____

Effective January 1, 1998, a $3.00 non-refundable service fee *must* accompany this application. This must be in the form of a cashier's check, money order or certified check made out to the Commonwealth of Pennsylvania. Personal checks and cash are not acceptable and will be returned. Transcripts will be mailed normally within one to three weeks of receipt by this office. If no record is found, the requestor will be notified. We are unable to give verification by phone, nor are we able to fax responses.

Please complete all information requested on this form. Remit this form and the proper fee to:

Commonwealth Diploma Program
Pennsylvania Department of Education
12th Floor
333 Market Street
Harrisburg, PA 17126-0333