Request for Official Florida GED Diploma and/or Transcript

PLEASE READ THIS SECTION CAREFULLY BEFORE COMPLETING YOUR REQUEST FORM

Do not use this form to request a diploma or transcript if you earned a GED from another state. The following items must accompany this request form. Failure to include these items may result in your request being returned.

- 1. **\$6** for **each** transcript **or** diploma.
- 2. An appropriate sized envelope addressed to where you want us to mail the document:

A diploma (certificate) requires \$1.15 postage on a 10x13 envelope.

A transcript (scores) requires First Class postage on a business size envelope.

If you order both documents, and they are being sent to the same address, send only a 10x13 envelope.

Money order or cashier's check made payable to the Florida Department of Education. Personal checks or cash are NOT accepted.

Please remember, the GED office is not allowed to send certificates or scores by FAX.

This form should NOT be used to request a copy of a diploma or transcript if the student earned a standard or adult high school diploma from a Florida public high school. Please contact the school board office in the county where the person graduated.

Examinee Information

Name					
Last	First		MI	Suffix (Jr., Sr., etc)	
Social Security #			Date of Birth//		
Name at time of testing (if differen (If you are requesting that your name be clicense, divorce decree, or court order).	nt) changed on your GED reco	rd, you must submit	legal documen	tation to support the change (marriage	
Mailing Address (current)			Daytime Phone (
Indicate the YEAR you took the (if current year, please give DATE of test		Diploma	- a Number (i	f known)	
Indicate the COUNTY or CITY ************************************	where you tested? ********	******	******	*****	
Indicate address where docume	ent is to be mailed.	(This should be	the same	as your enclosed envelope.)	
Name:			_ Daytime Phone: ()		
Mailing Address:					
*******	******	*****	·*****	*****	
Payment Required:			For GED Office Use Only:		
Transcripts(scores) X \$6 = \$			Ordered		
Total Payment Enclosed			Mailed		
(Cashier's check or money order ONLY) \$				THE STAN	
Signature		Date		Sales Andrews	
MAIL REQUEST FORM TO:		FOR ADDIT	TONAL ASSI	STANCE, CALL:	
GED Testing Office Florida Department of Education		950/245 0/	140		
325 West Gaines Street,	000.	850/245-0449 1-877-352-4331 (Toll-free, Florida Only)			
Tallahassee, Florida 32	1-0//-332-	-1331 (10II-	nee, i fortua Omy)		