Request for Official Florida GED Diploma and/or Transcript

FEE Change as of November 1, 2008

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 cents 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. <u>Personal checks or cash are NOT accepted</u>.

Please remember, the GED office is not allowed to send certificate 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 # | | Ι | Date of Birth// | |
| Name at time of testing (if differ (If you are requesting that your name be divorce decree, or court order). | | d, you must submit legal docume | ntation to support the change (marriage license | |
| Mailing Address (current) | | Daytime I | Phone () | |
| Indicate the YEAR you took th (if current year, please give DATE of | | Diploma Number (| if known) | |
| Indicate the COUNTY or CIT ******** | Y where you tested? | ******* | **** | |
| Indicate address where docume | ent is to be mailed. (This s | should be the same as your | enclosed envelope.) | |
| Name: | | Daytime l | Phone: () | |
| Mailing Address: | | | | |
| ******** Payment Required: | | ******** | ******* | |
| · • | | For 0 | GED Office Use Only: | |
| Diplomas X | X \$6.00 = \$ ₂ | Orde | red | |
| Total Payment Enclosed | | Mail | ed | |
| (Cashier's check or money or | der ONLY) \$ | | OF THE STATE OF | |
| Signature | | Date | | |
| MAIL REQUEST FORM TO: | | FOR ADDITIONAL ASS | FOR ADDITIONAL ASSISTANCE, CALL: | |
| GED Testing Office Florida Department of Education | | 850/245-0449 | 850/245-0449 | |
| 325 West Gaines Street, Room 634 Tallahassee, Florida 32399-0400 | | 1-877-352-4331 (Toll-free, Florida Only) | | |