



Tennessee Department of Labor and Workforce Development  
Division of Adult Education

**REQUEST FOR OFFICIAL GED® TRANSCRIPT OR DUPLICATE DIPLOMA**

Please check the document requested:

- Copy of GED® test scores (transcript)                       Duplicate copy of GED® diploma

**PLEASE PRINT**

NAME: (Your name at the time you took the GED® test)

\_\_\_\_\_

First                      Middle                      Maiden (if applicable)                      Last

YEAR GED® TEST WAS TAKEN: Year \_\_\_\_\_ (If not certain, give an approximate year.)

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone number with area code: \_\_\_\_\_

Test Site (or City where test was taken): \_\_\_\_\_

PLEASE PRINT NAME AND ADDRESS TO WHICH GED® DOCUMENTS SHOULD BE MAILED:

(Note: Colleges and learning institutions that require official copies of GED® Diplomas and/or transcripts must receive the documents mailed to them directly from this agency or unopened in a State sealed envelope.)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street                      Apartment or Unit Number

\_\_\_\_\_

City

\_\_\_\_\_

State                      Zip Code

**Signature (Required):** \_\_\_\_\_ **Date:** \_\_\_\_\_

Mail or fax this form to:

Tennessee Department of Labor and Workforce Development  
Division of Adult Education/GED Office  
220 French Landing Drive  
Nashville, TN 37243-1002  
Fax: 615-532-4899

FOR OFFICE USE ONLY: Date received \_\_\_\_\_ Received by \_\_\_\_\_