

# 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. **\$6.00** for each transcript or diploma.
2. An appropriate sized envelope addressed to where you want us to mail the document:  
A **diploma** (certificate) requires **\$1.00 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.
3. **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 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 # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Name at time of testing (if different) \_\_\_\_\_  
(If you are requesting that your name be changed on your GED record, you must submit legal documentation to support the change (marriage license, divorce decree, or court order).

Mailing Address (current) \_\_\_\_\_ Daytime Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Indicate the **YEAR** you took the test? \_\_\_\_\_ Diploma Number (if known) \_\_\_\_\_  
(if current year, please give **DATE** of testing)

Indicate the **COUNTY** or **CITY** where you tested? \_\_\_\_\_  
\*\*\*\*\*

Indicate address where document is to be mailed. (This should be the same as your enclosed envelope.)

Name: \_\_\_\_\_ Daytime Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

\*\*\*\*\*

### Payment Required:

\_\_\_\_\_ Transcripts (scores) X \$6.00 = \$ \_\_\_\_\_

\_\_\_\_\_ Diplomas X \$6.00 = \$ \_\_\_\_\_

Total Payment Enclosed

**(Cashier's check or money order ONLY)** \$ \_\_\_\_\_

For GED Office Use Only:
Ordered _____
Mailed _____

Signature \_\_\_\_\_ Date \_\_\_\_\_



<b>MAIL REQUEST FORM TO:</b> GED Testing Office Florida Department of Education 325 West Gaines Street, Room 634 Tallahassee, Florida 32399-0400	<b>FOR ADDITIONAL ASSISTANCE, CALL:</b> 850/245-0449 1-877-352-4331 (Toll-free, Florida Only)
--	---