UTAH GED® Transcript Request Form

UTAH STATE OFFICE OF EDUCATION
ATTN: GED TESTING
250 EAST 500 SOUTH
P.O. BOX 144200
SALT LAKE CITY, UT 84114-4200
FAX: 801-538-7882

BLACK or BLUE INK PEN only.
Print legibly.

NAME AT TIME OF TESTING:		**CURRENT FULL NAME:**	
Social Security Number:		**Date of Birth:** **(mm/dd/yyyy)**	
Current Address:	City:	State:	Zip Code:
Phone:	**Email Address:**		
Approx. Date of Testing: **(mm/dd/yyyy)**	**Place of Testing:** (Testing site name or city IN UTAH ONLY)	☐ Computer based test ☐ Paper/Pencil Test	

Allow a minimum of 7-10 business days for processing. There is no charge for this service.

►►► **Photo I.D. is REQUIRED with this request. FAX or MAIL a copy OF A GOVERNMENT ISSUED PHOTO I.D. ENLARGE TO 3 x 4 INCHES showing name, signature & date of birth. Copy on "PHOTO SETTING."**

☐ I would like official copies of my GED Test Score Report and Certificate mailed to me at the address listed above.

☐ I would like to have my transcript sent to another agency.

** You may check both boxes.**

Transcripts for third parties will faxed unless otherwise indicated. Provide agency/recipient name, FAX number, full address, and phone number.

(1) Agency Name: _____

Fax #: _____

Address: _____

_____

Phone #: _____

(2) Agency Name: _____

Fax #: _____

Address: _____

_____

Phone #: _____

►►► By my signature (below), I hereby authorize the Utah State Office of Education to release my records to me and/or to the recipients listed above.

Signature: _____ **Date:** _____

Transcripts will not be issued without a signature and photo I.D.
www.utahged.org