# 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

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

************Processing time is approximately 5 to 7 working days from date of receipt of the request in our office.*************

Revised 11/08 Duplicate as Necessary