



$\frac{\textbf{GENERAL EDUCATIONAL DEVELOPMENT (GED)}}{\textbf{RECORDS REQUESTS}}$

Date		
below. There is no charge for the	service at this time. In the to two working day	fice, please supply the information required Requests for records are filled as soon as as of receipt of the request. One duplicate SED records will not be faxed.
PLEA	ASE TYPE OR PRI	NT LEGIBLY.
Name		
Name at the time of testing		
Approximate month and year tes	ted	
Where tested (center/city/location	n needed)	
Last four digits of your social sec	curity number	
Date of birth		
I can be reached at this/these pho	one(s) number in case	there is a question in finding my records:
Home:	Cell:	Work:
	plicate diploma (one anscript/test scores	allowed)
Where do you want it sent?	Address	
		Zip
Signature (required)		
Send requests by U.S. Mail to:	GED Testing Of	

1500 Highway 36 West, Roseville MN 55113-4266 GED Testing info line: 651-582-8445 TTY: 651-582-8201

Roseville, MN 55113-4266

education.state.mn.us

Or to submit your request by fax: 651-582-8458 . GED records will not be returned by fax