

**MISSISSIPPI  
GED TRANSCRIPT REQUEST  
(Please Print)**

**PLEASE NOTE AT THE BOTTOM THAT A FEE IS REQUIRED.**

Name \_\_\_\_\_  
(Name at time of testing)

Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Month Day Year

Current Name \_\_\_\_\_

Current Mailing Address \_\_\_\_\_  
P. O. Box or Street  
City State Zip Code

Telephone No. (\_\_\_\_\_) \_\_\_\_\_  
Area Code

Date GED tests were taken \_\_\_\_\_ Did you pass the tests and receive a diploma? \_\_\_\_\_

Name and Location of GED Testing Center \_\_\_\_\_

GED Diploma No. \_\_\_\_\_ Date Issued \_\_\_\_\_  
( If Known) (If Known)

**PLEASE PRINT NAME AND ADDRESS TO WHICH GED TRANSCRIPT SHOULD BE MAILED:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE CHECK:**  
\_\_\_ \$5.00 is enclosed for transcript  
\_\_\_ \$5.00 is enclosed for diploma  
\_\_\_ \$10.00 is enclosed for both

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I hereby authorize the State GED Administrator to release my GED transcript to the address listed above.

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_  
required to mail transcript)

(Signature

**THERE IS A \$5.00 CHARGE FOR A COPY OF YOUR TRANSCRIPT OR DIPLOMA. PAYMENT MUST BE MADE BY MONEY ORDER, CASHIER CHECK OR CERTIFIED CHECK. NOTE: IF NO RECORD IS FOUND, PAYMENT WILL BE APPLIED TOWARD A RESEARCH FEE. MAKE CHECKS PAYABLE TO MCCB.**

**PERSONAL CHECK OR CASH WILL NOT BE ACCEPTED.**

Mail to: Mississippi Community College Board  
State GED Office  
3825 Ridgewood Road  
Jackson, Mississippi 39211