

Workforce Development Agency, State of Michigan
Division of Education & Career Success - GED Testing
Victor Office Center, 201 N. Washington, 2nd Floor
Lansing, MI 48913

Phone: 517.373.1692 - Fax: 517.335.3461

Email: GEDProgram@michigan.gov

GED TRANSCRIPT REQUEST

REQUIRED INFORMATION

NAME (maiden name if applicable): _____

CURRENT ADDRESS: _____

CITY, STATE, ZIP: _____

SS#: _____ DOB: _____

TELEPHONE NUMBER: (_____) _____

DATE/LOCATION TESTING (month/year) if known: _____

I hereby authorize the Workforce Development Agency, State of Michigan, Division of Education & Career Success - GED Testing, to release my records to the address(es) listed below:

Signature of Examinee: _____ Date: _____

NOTE: There is no fee for transcript copies. WE DO NOT ISSUE DUPLICATE CERTIFICATES.

WE DO NOT FAX OR EMAIL TRANSCRIPTS!

Please allow one week for processing (if prior to 1979, approximately three weeks).

Examinee request. An official copy of the GED test scores are to be reported to the address listed above.

I would like to have my transcript sent to:

Name: _____

Address: _____

City, State, Zip: _____

Reason for transcript request (mark all that apply):

- Enroll in Technical/Trade Program, Enter 2-Year or 4-Year College or University
- Job Training, get first job or better job, keep current job, or employer requirement
- Military entrance or military career
- Other

GED test scores can only be combined as long as they are within the same test series.