

Workforce Development Agency, State of Michigan
Division of Education & Career Success - GED Testing
Victor Office Center, 201 N. Washington, 3rd 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: _____ Date: _____

**NOTE: You must use a physical signature. We do not accept computer font signatures.
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).

I would like an official copy of the GED transcript to be reported to the address listed above.

I would also like to have my transcript sent to the address below:

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.