

Authorization for Release of GED Records

I _____ hereby authorize the ND Department
(Print Last Name, First, Middle Initial)
of Public Instruction to release my GED records as requested below.

Full name at time of testing _____
Year and location you tested: _____
Current address: _____ City: _____
State: _____ Zip: _____ Social Security #: _____
Date of birth: _____ Phone #: _____ Signature: _____

What are you requesting? Check (X) – [Please make checks payable to NDDPI]

Duplicate Diploma [] \$10.00 # of copies []

Duplicate Transcript [] \$2.00 each # of copies []

Mail my GED to the following:

Agency/College: _____

Address: _____

City: _____ State: _____ Zip: _____ Today's Date: _____

NOTE: If you requested more than one transcript, please provide the address on the back of this page where you would like the 2nd copy sent.

Mail this request to:

The ND Department of Public Instruction
c/o CKEN-11
600 East Boulevard
Bismarck, ND 58505-0440

NOTE: Please allow 5-7 days for processing and mailing.