

Eastern Idaho Technical College

1600 S. 25TH EAST, IDAHO FALLS, ID 83404

GED Transcript Request Form

DIRECTIONS: PLEASE PRINT. Complete all items below to assist in completing your request.

Full Name: _____
Last First Initial

Legal Name at time of testing: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Social Security Number: _____ Date of Birth: _____

Phone Number (_____) _____
 Phone Number is helpful for questions we may have regarding your request.

At which site did you test? _____ What year tested? _____

With written permission from the person who took the GED tests, the official GED transcript will be sent directly to the institution(s), employer(s), or other Official GED Testing Centers specified in the written request. A picture ID will be required if the transcript is picked up directly at the Christofferson Building. Transcripts may NOT be picked up directly by a third party.

NOTE: A mailing fee of \$2.00 per address requested is accepted in the form of check, money order, debit card, or credit card. All transcript requests will be processed within three (3) days of receipt of the request. There is no charge for transcripts to entering EITC students. Complete mailing address where documents are to be sent:

Name	Fax #
Address:	
City:	State: Zip:
Email address	

Signature: _____ Date: _____

Credit or Debit Card # _____ exp. Date _____

In some circumstances to expedite transmission of information and upon receipt of a written request and the appropriate payment, a document verifying GED scores may be sent to a specific institution, employer, other organization, or another Official GED Testing Center via fax machine. However, **transcripts are unofficial when transmitted by fax machine.** If requested verification is to be sent via fax machine, the applicant MUST include the following signed and dated statement:

"I request verification be sent by fax machine. I am aware that the transmission of information may not be secure and that the scores will be considered unofficial."

Signature

Date

DO NOT WRITE BELOW THIS LINE

OFFICE USE ONLY

Date Received: _____

Date Processed: _____

Amount Received \$ _____

Transcript prepared by: _____