

Authorization for Release of GED Records
(Please print or type)

I _____ hereby authorize the ND Department of
Public Instruction to release my GED records as requested below.

What are you requesting?

Check [X] Duplicate Diploma [] \$10.00 # of copies []
Duplicate Transcript [] \$2.00 each # of copies []

Mail my GED to the Following:

Name: _____ Title: _____

Agency/College: _____

Address: _____

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

NOTE: If you would like more than one transcript, please provide the address where you would like the 2nd copy sent.

**MAKE CHECKS PAYABLE TO:
THE ND DEPARTMENT OF PUBLIC INSTRUCTION**

Please complete the following:

Full name at time of testing _____

Your current address: _____ City: _____

State _____ Zip: _____ Social Security Number: _____

Date of birth: _____ Phone #: _____ Signature: _____

Mail this request to:

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

Phone:
(701) 328-2393

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