NOV 4 2011

Ohio GED Transcript Request and Release of Information Form

Ohio | Department of Education

1. Security Number (Social Security number or number used when testing):
   [redacted]
2. *Name of GED student (current): Patrick Kidd
3. Street address (current): [redacted] Apt.: _____
4. City: Cleveland State: Ohio ZIP: [redacted]
5. Day Phone Number ( ) _____ - _____ Date of Birth: [redacted]
6. City and State where student tested: Cleveland, Ohio Year tested: 1989
7. Name(s) when tested (if different than above): _____

NOTE: *If you are requesting that we send a transcript to the above address, skip question 8.*

8. Send transcript to (**if not to yourself**): _____
   Business Name: _____
   Attn. Name: _____
   Street Address: _____
   City: _____ State: _____ ZIP: _____

$10
Kathleen G.
CSA I

FEES AND REQUIREMENTS **MONEY ORDERS ONLY**

Only Money Orders (payable to Ohio Testing Services) are accepted and must be sent with this request.

NOTE: FEE IS NON-REFUNDABLE AND NON-TRANSFERRABLE

CHOOSE ONE:

☑ #1 Standard Service ($10): The GED Office will process your transcript within 30 business days from the day it is received. It will be sent to you using United States Postal Service first-class mail. Allow time for mail delivery.

☐ #2 Priority/Fax Service ($15): The GED Office will process your transcript on the day it is received. It will be sent to you using United States Postal Service first-class mail (allow time for mail delivery) or it will be faxed to you if you so request. YOU MUST WRITE "**PRIORITY PROCESSING**" ON THE FRONT OF THE ENVELOPE.

▶ Fax number if you are requesting fax service: (_____) _____ - _____

▶ Attention: Name _____ Title _____

✓ *The transcript will be faxed before mailing if you check the box above and give a valid fax number.*

*The **GED student** listed above **must sign and date** this release of information form.

I, the undersigned, consent to the release of my GED records.

X [signature] Date: 11.4.11
Signature of GED Student

Send completed form and **money order** to this address: **GED Transcript Office**
25 South Front Street, 1st Floor
Columbus, Ohio 43215-4183

NOTE: MAKE MONEY ORDER PAYABLE TO OHIO TESTING SERVICES

Rev. 5/5/11