

  
**NEW HAMPSHIRE GED TRANSCRIPT REQUEST FORM**

To receive a GED transcript, please fill out the form completely. Please write clearly to be sure your information is easy to read. The fee for a transcript is \$5.00. Please mail \$5.00 in a check or money order made payable to the State of New Hampshire with your completed GED Transcript Request form.

Send to: **GED Testing Program, NH Department of Education, Division of Adult Learning and Rehabilitation, 21 South Fruit Street, Suite 20, Concord, NH 03301.**

FULL NAME AT THE TIME OF TESTING: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

YEAR CERTIFICATE WAS ISSUED: \_\_\_\_\_

(records are filed by year)

TOWN RESIDED IN AT TESTING TIME: \_\_\_\_\_

PLACE (TOWN) TESTED: \_\_\_\_\_

PRESENT NAME: \_\_\_\_\_

PRESENT ADDRESS:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_

ADDRESS TO SEND TRANSCRIPT (if different from above):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

(Please feel free to print copies of this form.)

**When your transcript request is received, it will be processed within two business days.**