

GED TRANSCRIPT REQUEST FORM

Great Basin College
Admissions and Records
1500 College Parkway
Elko, NV 89801
Telephone: (775) 753-2272
FAX: (775) 753-2311

To obtain GED Test scores, this form or a letter containing all the information must be completed and faxed or mailed to Great Basin College. **The signature of the examinee is required on the form.** Please provide all possible names used at time of testing. There is no fee for this service. (Please allow one week for processing.)

Request Date: _____

Name: _____
Last First Middle

Mailing Address: _____
Street or Post Office Box

City State Zip code

Telephone Number: _____
Day Evening

Name used when tested: _____
Last First Middle

Date of Birth: _____ **Social Security Number:** _____

Year Test Was Taken: _____

To whom and to what address do you want this information sent?

Name/Agency: _____

Mailing Address: _____
Street or Post Office Box

City State Zip code

Signature of Examinee: _____
Signature of Examinee Required