

Request for Release of GED/HSED Test Results

Transcript Fee must accompany Request (make checks payable to Western Technical College)

- \$5.00 for transcripts mailed out (or to be picked up at later day)
- \$10.00 for transcripts faxed out
- \$10.00 for same day in person "take with" service

Examinee: _____
Last Name (PRINT) First Name Middle Initial Previous

Current Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Date of birth: _____

Social Security number: _____ Test Date: _____

Take with: _____ Pick up date: _____

Mail transcript to: _____

FOR OFFICE USE ONLY
_____ Neg. Serv. Indicator
_____ Amt Paid
_____ Date sent
_____ Date faxed
_____ Staff initials

Fax transcript to: Name _____ Fax number _____

Signature (REQUIRED) Date

If you are faxing this request please provide the following information so that we may charge your credit card for the fee.
Type of card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard Exp date _____ CVV (security code) _____ Amount \$ _____
Credit card number _____ Name on card _____