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GED TRANSCRIPT REQUEST

REQUIRED INFORMATION
NAME (maiden name if applicable):
CURRENT ADDRESS:
CITY, STATE, ZIP:
SS#: DOB:
DATE/LOCATION TESTING (month/year) if known):
TELEPHONE NUMBER: ()
I hereby authorize the Michigan Department of Energy, Labor & Economic Growth, Office of Adult Learning - GED Testing, to release my records to the address(es) listed below:
Signature of Examinee: Date:
NOTE: There is no fee for transcript copies. WE DO NOT FAX TRANSCRIPTS!
Please allow 14-21 days for processing. If you have not received your transcript within 21 days of your original request, please contact our office.
☐ Examinee request. An official copy of the GED test scores are to be reported to the address listed above.
☐ I would like to have my transcript sent to:
Name:
Address:
City, State, Zip:
Reason for transcript request (mark all that apply):
 □ Enroll in Technical/Trade Program, Enter 2-Year or 4-Year College or University □ Job Training, get first job or better job, keep current job, or employer requirement □ Military entrance or military career □ Other

GED test scores can only be combined as long as they are within the same test series.