Ohio GED® Transcript Request and Release of Information Form

Ohio | Department of Education

Identification Number (Number used when testing): _____ _____ _____

Name of GED® student (current): _____ _____ _____

Street Address (current): _____ **Apt.**: _____

City: _____ **State**: _____ **ZIP**: _____

Day Phone Number: (_____) _____ _____ **Date of Birth**: _____ / _____ / _____

City and State where student tested: _____, _____ **Year Tested**: _____

Name(s) when tested (if different than above): _____ _____ _____

* If you are not requesting that we send a transcript to the above address, indicate address below.
** If you are ordering more than one transcript, indicate addresses on "Multiple Transcript Request Form".

NOTE: FEE IS NON-REFUNDABLE AND NON-TRANSFERABLE

Make Money Order, Cashier's Check, or Business Check Payable to: "Ohio Testing Services"
Mail To: GED® Transcript Office, 25 South Front Street; MS 106, Columbus, Oh 43215-4183

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 _____ Date: _____/_____/20____

Signature of GED® student

Address for Transcript: _____

Business Name: _____

Attn. Name: _____

Street Address: _____

City: _____ **State**: _____ **ZIP**: _____

Fax Number (if requested): (_____) _____ - _____

14-BUSINESS DAY SERVICE PROCESSING

$15 – Sealed Transcript for Mailing and Faxed Copy; Unofficial if Opened

Method of Payment: Money Order, Cashier's Check, or Business Check Only!
Made Payable to: "Ohio Testing Services"
Mail To: State GED® Office, 25 South Front Street; MS 106, Columbus, Oh, 43215-4183

Processing within 14 business days occurs once request reaches the State GED® Office during regular business hours, Monday through Friday (except holidays). Sealed transcript for mailing is then delivered to a State mail station, followed by mailing through the United States Postal Service; Standard Delivery.

The State GED® Office doesn't control the time it takes to go through the State mail station or the United States Postal Service. A mailed in transcript request with a return prepaid overnight envelope is recommended for those wanting to expedite the mailing of the sealed transcript.

Transcript 2: ☐ **$15** - 14-Business Day Service Processing

Address for Transcript 2: _____

Business Name: _____

Attn. Name: _____

Street Address: _____

City: _____ **State**: _____ **ZIP**: _____

Fax Number (if requested): (_____) _____ - _____

Transcript 3: ☐ **$15** - 14-Business Day Service Processing

Address for Transcript 3: _____

Business Name: _____

Attn. Name: _____

Street Address: _____

City: _____ **State**: _____ **ZIP**: ___

Fax Number (if requested): (_____) _____ - _____

Transcript 4: ☐ **$15** - 14-Business Day Service Processing

Address for Transcript 4: _____

Business Name: _____

Attn. Name: _____

Street Address: _____

City: _____ **State**: _____ **ZIP**: _____

Fax Number (if requested): (_____) _____ - _____

Transcript 5: ☐ **$15** - 14-Business Day Service Processing

Address for Transcript 5: _____

Business Name: _____

Attn. Name: _____

Street Address: _____

City: _____ **State**: _____ **ZIP**: _____

Fax Number (if requested): (_____) _____ - _____

Summary: Total Transcripts Ordered # _____ Total Payment Enclosed $_____