

GED Form 3

REQUEST FOR DIPLOMA, TRANSCRIPT, NAME CHANGE, or VERIFICATION

I, _____
(FIRST, MIDDLE, LAST NAME, SUFFIX [I.E., JR., II, ETC.]

_____ request the following:
(DATE OF BIRTH MM/DD/YY) (SOCIAL SECURITY OR TAX IDENTIFICATION NUMBER)

<input type="checkbox"/> Duplicate GED Diploma (\$10)	<input type="checkbox"/> Duplicate GED Transcript (\$10)	<input type="checkbox"/> Name Change (see below) (\$10)	<input type="checkbox"/> Verification (see below) (\$10)	<input type="checkbox"/> Convert Certificate to Diploma (must have taken test on or after 01/01/02) (\$25)
--	---	--	---	---

NOTE: A picture identification such as a driver's license, passport, or other government-issued document will be required to verify the applicant's identity. Diplomas or transcripts will only be provided to the GED recipient. Individuals requesting copies by mail must provide copies of documents as proof of identification. To allow a second party to obtain a copy of the GED recipient's certificate/transcript or to verify GED receipt, the recipient must sign the Release Statement found below.

If a name change is requested, provide the following information:

a. Name Currently on GED Diploma/Transcript:

(FIRST, MIDDLE, LAST, SUFFIX [I.E., JR., II, ETC.]

b. Change Name To:

(FIRST, MIDDLE, LAST, SUFFIX [I.E., JR., II, ETC.]

NOTE: In order to effect a name change, the applicant must provide documents reflecting the name change. For example, provide copies of a marriage license or a court order.

1. I hereby release the Department of Postsecondary Education, its employees, its attorneys, its governing bodies, and its agents from any and all liability and claims of every kind and character that are based upon or relate in any way to the disclosure of information in accordance with this authorization of any actions of the third party identified below.
2. I agree that this authorization is valid until such time as the DPE has received written notice from me (or from me and my parent or guardian, if I am a minor) withdrawing permission to disclose the documents or information specified above to the third party identified above. In the event that permission is withdrawn, the DPE shall nevertheless remain fully protected from any and all claims and liability relating in any way to information released by the DPE prior to its receipt of the written withdrawal notice and to any actions of the third party.
3. I have read this authorization carefully and hereby acknowledge that I fully understand it. I further affirm that I am giving this authorization knowingly of my own free will.

 GED Recipient's Signature/Date

 Phone Number (include area code)

Mail To Third Party:

(NAME)

(ADDRESS)

(CITY/STATE/ZIP CODE)

(PHONE NUMBER)

(FAX NUMBER)

(E-Mail Address)

The Department of Postsecondary Education does not accept cash or personal checks. Payment must be made with a money order, business/company check or a certified bank check in the correct amount and made out to GED Testing Program. Return completed GED Form 3, copies of required identification, and payment to: GED Testing Program, 401 Adams Avenue, Suite 280, Montgomery, Alabama 36104

It is the official policy of the Alabama Department of Postsecondary Education that no person in Alabama shall, on the grounds of race, color, disability, sex, religion, national origin, or age, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program, activity, or employment.

