



GED RECORDS REQUESTS

below. There is no charge for the possible and are mailed within or	desota GED testing office, please se service at this time. Requests for the to two working days of receipt nesota graduate. GED records with	records are filled as soon as of the request. One duplicate
<u>PLE</u>	ASE TYPE OR PRINT LEGIB	LY.
Name		
Name at the time of the testing_		
Approximate month and year tes	ted	
Where tested (center/city/correct	ional facility)	
	curity number	
What are you requesting? Du	aplicate diploma (one allowed)	
Where do you want it sent?	Address	
	City	Zip
Signature (required)		
Send requests by U.S. Mail to:	GED Testing Office 1500 Highway 36 West Roseville, MN 55113-4266	
Or to request by facsimile:	651-582-8458	