

GED TRANSCRIPT REQUEST FORM

Name used on GED test:

(Please Print)

Last Name *First Name* *Middle*

Other Names Used: _____

*Date of Birth: _____ *Contact Phone Number: _____
Month / Day / Year (Area Code) Phone Number

*GED Graduation Year: _____

*Where was GED taken? : _____
Name of School or Institution at time of completion of GED testing

Send (#____) **Official** Transcript(s) to the following address:

Name of Organization or Individual Mailing Address

Name of Organization or Individual Mailing Address

Send (#____) **Unofficial** Transcript(s) to the following address:

Name of Organization or Individual Mailing Address

Name of Organization or Individual Mailing Address

Signature *Date*

Payment of \$5.00 per transcript due by cash or money order made out to NJUHSD at time of order.
Please return this request form with payment to:

Nevada Jt. Union High School District, Attention: Suzi Rosas (Tech Annex)
11645 Ridge Road, Grass Valley, CA 95945

Allow 2-3 business days for processing once request is received.

Questions? Contact Suzi Rosas at srosas@njuhsd.com or (530) 273-3351, ext. 217