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