

AUTHORIZATION TO RELEASE OFFICIAL GED® DOCUMENTS

Please type or print the following information. If your application is incomplete, record of your testing will not be provided. Completed requests should be mailed, faxed or emailed to:

Arkansas GED® Testing
Three Capitol Mall
Luther S. Hardin Building
Little Rock, AR 72201

FAX: 501-682-1982

EMAIL: GED@Arkansas.gov

PHONE: 501-682-1980

PART I: AUTHORIZATION TO RELEASE GED® DOCUMENTS DIRECTLY TO THE EXAMINEE.

PLEASE INDICATE THE REQUESTED DOCUMENT: Transcript Diploma

Name: _____
(at the time of testing) Last Maiden/Other First M.I.

Year Tested: _____ Location: _____
(or approximate year) (city or center name)

Social Security #: _____ - _____ - _____ Date of Birth: _____

Current Name & Current Mailing Address Daytime Phone Number

_____ (____) _____ - _____

Examinee's Signature _____ Date _____

PART II: AUTHORIZATION FOR GED® INFORMATION AND/OR RECORDS TO BE DISCLOSED TO A SCHOOL, EMPLOYER, MILITARY BRANCH, OR OTHER ORGANIZATION.

I authorize Arkansas GED® Testing to mail my GED® transcript to the following:

Name of School/Employer/
Military Branch/Organization: _____

Mailing Address: _____

I authorize Arkansas GED® Testing to email my GED® transcript to the following:

Name of School/Employer/
Military Branch/Organization: _____

Contact Name: _____

Email Address: _____

I understand and acknowledge the GED® Program's right to make an independent determination, at its sole discretion, of whether the information and records identified above are subject to disclosure under the GED® Program's policies for disclosing information. I hereby release the GED® Program, 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 to any actions to any parties identified above.