



GED TRANSCRIPT AND/OR DIPLOMA REQUEST FORM

(Please print clearly)

Surname : _____ First : _____ Middle : _____

Previous Surname : _____

Complete Mailing Address : _____

Postal Code : _____

Social Insurance Number : _____ Telephone (day) : _____

Date of Birth : _____
 day month year

CHECK APPROPRIATE BOXES:

- GED Transcript (fee \$5)
- GED Diploma (fee \$10)

COMPLETE THIS SECTION ONLY IF YOU WANT THESE RESULTS SENT TO SOMEONE OTHER THAN YOURSELF.

Name of Person or Institution : _____

Mailing Address : _____

Postal Code : _____ Fax Number : _____

Signature : _____ Date : _____

The fee must be paid by Money Order or Certified Cheque payable to the Minister of Finance. Mail completed form to :

GED Chief Examiner
Department of Post-Secondary Education, Training & Labour
Certification Unit
470, York Street, Suite 120
P.O. Box 6000
Fredericton NB E3B 5H1