Release of High School Equivalency Transcript

Document MUST be Signed and Dated

Complete the following form and return by mail or bring into the Testing Center:

Name						
First	Middle	Last		Any other r	names that might	
					used at Time of Test	
Mailing Add	lress					
	Street, P.O. Box, etc.					
	City		State		Zip	
Date of Birth		Socia	al Security #			
	Month/Day/Year					
Year Test Taken_	Taken Test Site_(if other than Chattanooga State)					
Daytime Contact I	nformation					
(area code)	•	· · · · · · · · · · · · · · · · · · ·				4
	ies of this form and complete one		hat of the Gradua	te noted above: (11 d	ocument(s) need (s) to be sent to r	nore than one
Agency:						
To the Attention o	f:					
Address:						
City:		State:		Zip:		
						-
Signature (Required for Release	of Informati	on)			
Date:	•					-
Mail to:			Cost	\$10 non trans	script requested	
Chattanooga State Testing Center 4501 Amnicola Hwy, Room 262			0.081.	sio per trans	script requested	
	a, TN 37406		Malaa ah aalaa waa		- State Trating Conten	
GED® Record			· · · ·	ke checks payable to: Chattanooga State Testing Center		<u> </u>
	GED®	Record	as		HiSet® Records	
□ 1947-2001 Tested at Chattanooga State Testing Center				\Box Tested since 1-1-2014		
	2013 Tested in Te	ennessee				
□ 2014-Tested in Tennessee since 1-1-2014						

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