

General Educational Development (GED) Records Request

Date: _____

To obtain records earned in Minnesota please supply the information required below. There is no charge for the service at this time. Requests for records are mailed within two working days of receipt. GED records will not be faxed. NOTE: Only one duplicate diploma is allowed for each Minnesota graduate.

PLEASE TYPE OR PRINT LEGIBLY.

Name: _____

Name at the time of testing (if different): _____

Date of birth: _____ Last four digits of your Social Security number: _____

Approximate month and year tested: _____

Where tested (center name/city): _____

Contact numbers (in case we have questions about your records)

Home: _____ Cell: _____ Work: _____

What information are you requesting?

_____ Duplicate diploma (one allowed, lifetime) _____ Transcript/test scores

Where should we mail your copies?

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature (required): _____

Send requests using any of these methods:

- Mail: GED Testing Office, 1500 Highway 36 West, Roseville, MN 55113-4266
- Fax: 651-582-8458
- E-mail a scanned, signed copy (as an attachment): alice.smith@state.mn.us.

GED Testing info line: 651-582-8445 * TTY: 651-582-8201 * Website: education.state.mn.us