



# Maine Department of Education

## GED

### Information Request Form



#### Section 1: Please Print All Information

Name: Last:	First:	MI
Date of Birth:	Social Security Number:	
Current Address:		
City / State / Zip Code:		
Daytime Telephone Number:		
Place of Testing (if available):	Certificate Number (if available)	

#### Section 2: Item(s) Being Requested (indicate with a check mark )

	Transcript (free)		Duplicate/Replacement Diploma (note that there is a \$3.00 charge for a copy of a diploma)
	Diploma Verification		Other (Please Specify):

#### Section 3: Name(s) and Address(es) to which GED information is to be sent

Please print clearly (no abbreviations). The US Post Office will not deliver without a complete address.

Address #1	Address #2
Telephone:	Telephone:

#### Section 4: Authorization

I authorize the Maine Department of Education to release the requested GED document(s) and/or information to the person(s) or organization(s) whose name(s) and address(es) are listed above.

Signature of Person Named in Section 1*: Sign: X	Date:
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**Mail Completed Form to:**  
 GED Office  
 Maine Department of Education  
 23 State House Station  
 Augusta, ME 04333  
 Telephone - (207) 624-6752  
 Fax - (207) 624-6651

\* Note: If the person named in Section 1 is under the age of 18, this form must be signed by a parent or guardian.

\*\* Requests for a duplicate diploma must be accompanied with a \$3.00 check or money order made out to the "Treasure - State of Maine".