# Authorization for Release of GED Records

I _____ hereby authorize the ND Department
**(Print Last Name, First, Middle Initial)**

of Public Instruction to release my GED records as requested below.

Full name at time of testing _____

Year and location you tested: _____

Current address: _____ City: _____

State: _____ Zip: _____ Social Security #: _____

Date of birth: _____Phone #: _____ Signature: _____

**What are you requesting?** Check (X) – [Please make checks payable to NDDPI]

Duplicate Diploma [ ] $10.00 # of copies [ ]

Duplicate Transcript [ ] $2.00 each # of copies [ ]

**Mail my GED to the following:**

Agency/College: _____

Address: _____

City: _____ State: _____ Zip: _____ Today's Date: _____

NOTE: If you requested more than one transcript, please provide the address on the back of this page where you would like the 2nd copy sent.

**Mail this request to:**
The ND Department of Public Instruction
c/o CKEN-11
600 East Boulevard
Bismarck, ND 58505-0440

**NOTE: Please allow 5-7 days for processing and mailing.**