



**Authorization for Release of GED Records**  
(Please print or type)

I \_\_\_\_\_ hereby authorize the ND Department of  
Public Instruction to release my GED records as requested below.

**What are you requesting?**

Check [ X ] Duplicate Diploma  \$10.00 # of copies   
Duplicate Transcript  \$2.00 each # of copies

**Mail my GED to the Following:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency/College: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**NOTE:** If you would like more than one transcript, please provide the address where you would like the 2<sup>nd</sup> copy sent.

**MAKE CHECKS PAYABLE TO:  
THE ND DEPARTMENT OF PUBLIC INSTRUCTION**

Please complete the following:

Full name at time of testing \_\_\_\_\_

Your current address: \_\_\_\_\_ City: \_\_\_\_\_

State \_\_\_\_\_ Zip: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Phone #: \_\_\_\_\_ Signature: \_\_\_\_\_

**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.**