

## Arizona High School Equivalency: GED® Test Pathway Official Transcript and Verbal Verification Request

## **Instructions**

- ⇒ Please clearly fill out Section 1 and Section 2. Sign and date the form.
- $\Rightarrow$  Mail the form with the applicable fee/s to the mailing address below.

<b>Section 1</b> — <i>Must be Completed by Former Test-Taker</i>	
Current Legal Name (REQUIRED, First, Middle, Last)	Date of Birth (REQUIRED, month/day/year)
	/ /
Name at Test Time and Any Other Names Used ( <i>Required if different than above</i> )	Social Security Number (last 4 digits)
	XXX - XX -
Current Mailing Address, City, State, Zip Code	Current Phone Number
	( ) -
Approximate Testing Location	Approximate Testing Date
Section 2—Official Transcript/s Sent To  Check here to	send official transcript/s to address above.
Name of Business, Educational Institution, etc.	Attention to Department, Individual, etc.
Mailing Address, City, State, Zip Code (No PO Box IF using FedEx Expedite Shipping)	Business Contact Number
	-
Certification: "I hereby certify that all information provided is true, and I	authorize the release of my official tran-
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script or completion date to the requestor." (Signature Required by FEF Signature	Mailing Address: Arizona Department of Education Adult Education Services Bin #26 1535 W Jefferson Street Phoenix, AZ 85007
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