

**ALABAMA DEPARTMENT OF POSTSECONDARY EDUCATION
GED TESTING PROGRAM**

P.O. BOX 302130 • MONTGOMERY, AL 36130
PHONE: 334-293-4570 • FAX: 334-293-4575

REQUEST FOR AN OFFICIAL GED TRANSCRIPT

ACCS Institute Requesting GED Transcript		
ACCS School:		
Address:		
City:	State:	Zip Code:
Phone:	School Official:	

Student Requesting GED Transcript		
First Name:	Last name:	MI:
Name when test was taken:		
Social Security number:	Date of Birth:	
School/Center where test was taken:	Date of Test:	

I hereby release the Department of Postsecondary Education, its employees, its attorneys, its governing bodies and its agent from any and all liability and claim of every kind and character that are based upon or relate in any way to the disclosure of information in accordance with this authorization of any actions of the third party identified above. I agree that this authorization is valid until such time as the DPE has received written notice from me withdrawing permission to disclose the documents specified to the third party identified above. In any event that permission is withdrawn, the DPE shall nevertheless remain fully protected from any and all claims and liability relating in any way to information released by DPE prior to its receipt of the written withdrawal notice and to any actions of the third party. I have read this authorization carefully and hereby acknowledge that I fully understand it. I further affirm that I am giving this authorization knowingly of my free will.

✕ I authorize you to release my Official Transcript.	
Signature:	Date: