



Document MUST Be Signed and Dated

NAME _____

FIRST	MIDDLE	LAST	ANY OTHER NAMES THAT MIGHT HAVE BEEN USED AT TIME OF TEST
-------	--------	------	---

MAILING ADDRESS _____

STREET, P. O. BOX, ETC. _____

DATE OF BIRTH	CITY	STATE	ZIP
MONTH / DAY / YEAR	SOCIAL SECURITY #		

YEAR TEST TAKEN _____ TEST SITE _____

DAY TIME CONTACT INFORMATION _____

(AREA CODE) PHONE #	E-MAIL ADDRESS
---------------------	----------------

PURPOSE OF REQUEST FOR DUPLICATE DIPLOMA. CHECK EACH BOX THAT APPLIES.	<input type="checkbox"/> Work	<input type="checkbox"/> Education	<input type="checkbox"/> Personal
PLEASE SEND THE FOLLOWING DOCUMENTS: CHECK EACH BOX THAT APPLIES.	<input type="checkbox"/> DUPLICATE DIPLOMA (THERE IS A LIFETIME LIMIT OF 2 DUPLICATE DIPLOMAS PER GRADUATE)	<input type="checkbox"/> TRANSCRIPT (TEST SCORES) (SENT TO EMPLOYER OR SCHOOL ADMISSIONS OFFICE ONLY)	

DOCUMENTS SHOULD BE SENT TO THE FOLLOWING ADDRESS IF DIFFERENT FROM THAT OF THE GED GRADUATE NOTED ABOVE: (IF DOCUMENT(S) NEED(S) TO BE SENT TO MORE THAN ONE AGENCY, MAKE COPIES OF THIS FORM AND COMPLETE ONE FOR EACH AGENCY.)

AGENCY _____

TO THE ATTENTION OF: _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

SIGNATURE (REQUIRED FOR RELEASE OF INFORMATION) _____

DATE _____

Return by FAX or US Mail ONLY

DO NOT RETURN BY E-MAIL

Columbia State Community College • Testing Services
1665 Hampshire Pike • Columbia TN 38401 • Fax: (931) 560-4113