



**Document MUST Be Signed and Dated**

NAME \_\_\_\_\_

FIRST	MIDDLE	LAST	ANY OTHER NAMES THAT MIGHT HAVE BEEN USED AT TIME OF TEST
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MAILING ADDRESS \_\_\_\_\_

STREET, P. O. BOX, ETC. \_\_\_\_\_

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

YEAR TEST TAKEN	TEST SITE
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DAY TIME CONTACT INFORMATION	E-MAIL ADDRESS
(AREA CODE) PHONE # _____	_____

<b>PURPOSE OF REQUEST FOR DUPLICATE DIPLOMA. CHECK EACH BOX THAT APPLIES.</b>	<input type="checkbox"/> <b>Work</b>	<input type="checkbox"/> <b>Education</b>	<input type="checkbox"/> <b>Personal</b>
<b>PLEASE SEND THE FOLLOWING DOCUMENTS: CHECK EACH BOX THAT APPLIES.</b>	<input type="checkbox"/> DUPLICATE DIPLOMA	<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  
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