AUTHORIZATION TO RELEASE OFFICIAL GED DOCUMENTS

PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION. IF YOUR APPLICATION IS INCOMPLETE, RECORDS OF YOUR TESTING WILL NOT BE PROVIDED. COMPLETED REQUEST SHOULD BE MAILED OR FAXED TO:

Arkansas GED Testing
Three Capitol Mall, Room 305D
Luther S. Hardin Building
Little Rock, AR 72201
Phone (501) 682-1980
FAX (501) 682-1982

PART I: AUTHORIZATION TO RELEASE GED DOCUMENTS DIRECTLY TO THE EXAMINEE PLEASE INDICATE THE REQUIRED DOCUMENTS BELOW.

★ Transcript		□ Diploma	□ F	☐ Retest Application	
NAME:(At the time of testing)	Last	Maiden/Other	First	M.I.	
YEAR TESTED:(or approximate year)					
SOCIAL SECURITY #:	DATE OF BIRTH:				
CURRENT NAME & CURR MAILING ADDRESS:	ENT				
DAYTIME PHONE NUMBER:					
(Signature of Examinee)	-			(Date)	
PART II: THIRD PARTY RE PLEASE CONTINUE IF YOU RECORDS BE DISCLOSED	J ARE RE		MENTS, INFORMA	ATION, AND/OR	
I hereby authorize Arkans party:	sas GED T	esting to provide copie	s of the indicated	documents to the follo	wing third
Transcript		□ Diploma	_ F	Retest Application	
Third party name/addres	Of P.(uth Arkansas Commun fice of Admissions D. Box 7010 Dorado, AR 71731-701			
I understand and acknow discretion, of whether the Program's policies for dis employees, its attorneys, kind and character that a with this authorization to	e informa closing in its goveri re based i	tion and records identi formation to third part ning bodies, and its age upon or relate in any w	fied above are sub les. I hereby relea ents from any and ay to the disclosur	oject to disclosure unde use the GED Program, i all liability and claims o	er the GED ts of every
(Signature of Examinee)				(Date)	=: