

# TRANSCRIPT REQUEST

THE EDUCATION EXCHANGE  
GED Exam Coordinator  
Stedman Government Center, Room 214  
4808 Tower Hill Road  
Wakefield, RI 02879  
Phone: 401-783-0293 Fax: 401-284-3365

## INSTRUCTIONS

Complete form and sign (signature required)  
Attach copy of valid government-issued picture  
Identification (**driver's license or passport**) and  
submit with fee of \$5 per transcript.  
Payments can be made with credit card, by phone or  
online at [www.educationexchangeri.org](http://www.educationexchangeri.org)  
Allow 2-4 weeks for processing

NAME \_\_\_\_\_  
(Print full name at time of testing)      Last                                      First                                      Middle

DATE OF BIRTH: \_\_\_\_\_ CURRENT NAME (If name has changed) \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ PROGRAM SPECIFIC # \_\_\_\_\_  
(If applicable)

CURRENT ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_ (CELL) \_\_\_\_\_

WHERE DID YOU TAKE THE OFFICIAL GED TEST \_\_\_\_\_

MONTH/YEAR TESTED \_\_\_\_\_ DATE DIPLOMA ISSUED \_\_\_\_\_

Mail to my home address (see above).

I hereby authorize The Education Exchange to release my records to the address (es) listed below:

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Please print complete address to which transcript(s) are to be mailed. Please allow 2-4 weeks.

1. \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of Transcripts Requested: \_\_\_\_\_ FEE: \$5 per transcript      Total Fee Paid: \$ \_\_\_\_\_

I am paying by (Check One):      *Copy of government issued Photo ID card required*

Personal Check (Make checks payable to The Education Exchange)       Money Order

Charge:    →     MasterCard     Visa      Date Paid with charge card on website: \_\_\_\_\_

I want to charge my fees to (Credit Card Acct#):

Card Holder Print Name: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Holder Signature: \_\_\_\_\_

### For Office Use Only

revised 9/09

Photo ID \_\_\_\_\_ Payment Received \_\_\_\_\_ Date Mailed \_\_\_\_\_

The Education Exchange (formerly Washington County Adult Learning Center) will not process without payment.