



**General Education Development/High School Equivalence
Request for Additional Transcript(s)**

Complete this form and send it with the \$5.00 fee (cash or money order **only**) to:

South Dakota Department of Labor
GED Office
700 Governors Drive
Pierre, SD 57501-2291

Your request cannot be processed if this form is incomplete or if your fee is not in the form of cash or a money order. No personal checks will be accepted.

If no transcript is found under your name, we will contact you.

You may call us at 605.773.3101 for further information and assistance.

Please **PRINT** all information requested, except signatures.

Identifying Information

Name: _____

Name GED Test was taken under (if different): _____

Social Security Number: _____ Birthdate: _____

Mailing Address: _____

Phone: _____

Testing Center: _____ Date of Test: _____

Where to Send Transcript(s)

Name: _____

Address _____

City: _____ State: _____ ZIP Code: _____

Name: _____

Address _____

City: _____ State: _____ ZIP Code: _____

GED certificates and transcripts contain confidential information intended only for the use of the individual or entity named. The Department will not issue documents without the written permission of the certificate holder (or his or her parent or guardian if the certificate holder is under 18 years of age). You must be at least 18 years old to sign this form.

Signature: _____ Date: _____

If the certificate holder is under 18 years of age, his or her parent or guardian must sign.

Parent/Guardian Signature: _____ Date: _____