Ozarka College

PO Box 10, Melbourne, AR 72556
870-368-7371

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
#3 Capitol Mall, Room 305D
Luther S. Harding Building
Little Rock, AR 72201
Fax 501-682-1982
Phone 501-682-1980

AUTHORIZATION TO RELEASE GED DOCUMENTS DIRECTLY TO THE EXAMINEE

PLEASE INDICATE THE REQUIRED DOCUMENTS BELOW

☐ Transcript  ☐ Diploma  ☐ Retest Application

Name ___________________________________________ __________________________
Last   Former Name(s)   First   MI

Address ___________________________________________ ___________________________
PO/Street   City   State   Zip

Daytime Phone ___________________  Student ID (9 digit #) ______________________

Date of Birth _____________________ Year Tested ___________________________
Where _____________________________________________ ___________________________

________________________________________________ __ __________________________
Signature of Examinee                 Date

THIRD PARTY RELEASE

Please continue if you are requesting that documents, information, and/or records be disclosed to a third party.

I hereby authorize Arkansas GED Testing to provide copies of the indicated documents to the following:

☐ Transcript  ☐ Diploma  ☐ Retest Application

Ozarka College
Admissions
PO Box 10
Melbourne, AR 72556

I understand and acknowledge the GED Program’s right to make an independent determination, at its sole discretion, of whether the information and records identified above are subject to disclosure under the GED Program, its employees, its attorneys, its governing bodies and its agents from any and all liability and claims of every kind and character that are based upon or relate in any way to the disclosure of information in accordance with this authorization to any actions of the third party identified above.

________________________________________________ __ __________________________
Signature of Examinee                 Date

Updated 06/09/2014