

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

		UIRED DOCUMENTS BE			
☐ Transc	ript	loma 🗖 Re	etest Application		
Name					
	Last	Former Name(s)	First	MI	
Address					
	PO/Street	City	State	Zip	
Daytime Phone		(Social Security #)	(Social Security #)		
Date of Birth		Year Tested	Year Tested		
Where					
Signature o	f Examinee		Date		
		THIRD PARTY	RELEASE		
		esting that documents, informing to provide copies of the indicate	mation, and/or records be disted documents to the following:	sclosed to a third party.	
	Transcript	□ Diploma	☐ Retest Appli	cation	
		Ozarka Col Admission PO Box 1 Melbourne, AF	ns 0		
information a bodies and its	nd records identified above agents from any and all lia	e are subject to disclosure under the ability and claims of every kind a	pendent determination, at its sole of the GED Program, its employees, it and character that are based upon of tions of the third party identified at	ts attorneys, its governing or relate in any way to the	
Signature of Examinee			Date	Date	