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 __________ (Social Security #) __________

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 __________