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## **GED TRANSCRIPT REQUEST**

If you did not test at Schoolcraft College, please contact your testing institution or the State of Michigan at (517) 373-1692

the state of whengan at (517) 575-1052	
Required Information: (please print clearly)	
NAME (maiden name if applicable):	
CURRENT ADDRESS:	
CITY, STATE, ZIP:	
SS#:	
DATE OF BIRTH:	
DATE TESTED (month/year):	
TELEPHONE NUMBER: ()	
I hereby authorize Schoolcraft College to release my GED records as requested.	
Signature:	Date:
Note: There is no fee for transcript copies	
Please allow approximately one week for processing.	
SEND TRANSCRIPT:	
☐ To the address above (student copy)	
☐ To the address below (official copy – one form per address)	
Name:	
Address:	
City, State, Zip:	