



# KANSAS BOARD OF REGENTS

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GED TESTING SERVICES – 785 296-3191

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[http://www.kansasregents.org/adult\\_ed/ged.html](http://www.kansasregents.org/adult_ed/ged.html)

DATE \_\_\_\_\_

YOU RECENTLY REQUESTED A DOCUMENT FROM THIS OFFICE. THE FOLLOWING INFORMATION IS NECESSARY TO FULFILL YOUR REQUEST.

THERE IS FEE OF \$10.00 FOR EACH DOCUMENT YOU REQUEST PAYABLE BY CASH, MONEY ORDER, CASHIERS CHECK OR BUSINESS CHECK (MADE PAYABLE TO GED/KBOR). **NO PERSONAL CHECKS WILL BE ACCEPTED.**

**PLEASE TYPE OR PRINT LEGIBLY.**

NAME \_\_\_\_\_

NAME AT TIME OF THE TESTING \_\_\_\_\_

ADDRESS AT THE TIME OF TESTING \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

CURRENT PHONE NUMBER \_\_\_\_\_

APPROXIMATE MONTH AND YEAR TESTED \_\_\_\_\_

WHERE TESTED (CENTER/CITY) \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

WHAT ARE YOU REQUESTING?

FULL PAGE DIPLOMA \_\_\_\_\_ HALF PAGE DIPLOMA \_\_\_\_\_ TRANSCRIPT \_\_\_\_\_

WHERE DO YOU WANT IT SENT? NAME/SCHOOL NAME \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SIGNATURE \_\_\_\_\_