



GED OFFICIAL REPORT REQUEST FORM

TESTING SERVICES

If requesting an official report of GED test results and you tested at MiraCosta College prior to 1990, fill out this form.

Submit completed form to the Testing Office or email to testing@miracosta.edu

Questions? Call 760-795-6685

PERSONAL INFORMATION:

Last Name (at time of test):	First Name (at time of test):	Approximate date of test:
Current Name (if different from the name used at time of testing):		
Last Name:	First Name:	
Address at time of test (if known):		
Date of Birth:	Last 4 digits of SSN:	Phone Number:

PLEASE SEND COPY TO:

Name of Institution (if applicable):	Fax No. (if being faxed):
Attention to:	
Address:	Apartment number:
City:	State:
	Zip Code:

Note: If you want the report sent to an educational institution, employer, etc. please provide the name and address of the institution (and a specific department if required).

By signing below, I certify that the information provided is true and correct to the best of my knowledge:

Signature: _____ **Date:** _____

Form must be filled out entirely.