

**REQUEST FOR
GED TRANSCRIPT OR
COMPASS SCORES**

NAME AT TIME OF TESTING _____

OTHER NAMES POSSIBLY USED _____

SOCIAL SECURITY # _____ DATE OF BIRTH _____

CURRENT PHONE # _____

CURRENT NAME AND ADDRESS

APPROXIMATE DATE TESTED _____

RECEIVED CERTIFICATE YES NO

REQUEST TRANSCRIPT BE MAILED TO (complete name and address)

I give Clark College permission to release my GED records to the person/institution I named on this form. I understand that scores will not be faxed, only sent by regular mail.

Signature of GED examinee

Date

**Clark College Assessment Center
1800 E. McLoughlin Blvd. MS# 25
Vancouver, WA 98663
TEL: 360.992.2588
FAX: 360.992.2984**