



State of Rhode Island and Providence Plantations
DEPARTMENT OF EDUCATION
Shepard Building
255 Westminister Street
Providence, Rhode Island 02903-3400

Deborah A. Gist
Commissioner

Dear Sir or Madam:

In order to process your request for a copy of you GED record, you will need to provide a readable copy of a valid Government issued **picture identification** and a money order for each transcript in the amount of \$5.00, make payable to the General Treasurer State of RI.

Personal checks will NOT be accepted.

Valid picture identification can include the following:

- Driver's license or state issued identification
- Passport
- Military ID
- Certificate of Naturalization
- Alien Registration Card

Please return your request, valid identification (copy), and payment to:

RI Department of Education
255 Westminister Street
GED Testing Program Room 600
Providence, RI 02903

Telephone (401)222-4600

Fax (401)222-6178

TTY 800-745-5555

Voice 800-745-6575

The Board of Regents does not discriminate on the basis of age, color, sex,
sexual orientation, race, religion, national origin, or disability

RHODE ISLAND GED RELEASE FORM

CIRCLE ONE OR BOTH

**** GED TRANSCRIPT**

**** GED DUPLICATE DIPLOMA**

** \$5.00 for each copy

PLEASE PRINT ALL INFORMATION

NAME _____

LAST

FIRST

MIDDLE

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE () _____ - _____ DATE OF BIRTH _____ - _____ - _____ SS# _____ - _____ - _____

NAME AT THE TIME OF TESTING _____

YEAR TESTED _____ *DATE DIPLOMA ISSUED _____

Where did you take the official GED test: _____

DID YOU RECEIVE A RHODE ISLAND EQUIVALENCY DIPLOMA? YES _____ NO _____

**PLEASE NOTE: YOUR REQUEST WILL NOT BE PROCESSED UNLESS THE
REQUIRED DOCUMENTS ARE ENCLOSED.**

See attached letter.

SIGNATURE: _____ **DATE:** _____

*IF YOUR RECORD **CANNOT** BE LOCATED WITH THE INFORMATION ABOVE, YOUR REQUEST AND Money Order
WILL BE RETURNED.

I authorize you to release the information to:

_____ Mail to my home address-see above

NAME _____

ADDRESS _____

STREET _____

CITY _____ STATE _____ ZIP CODE _____

**A \$5.00 money order for each transcript or duplicate diploma should be made payable to: General
Treasurer, State of Rhode Island

PERSONAL CHECKS WILL NOT BE ACCEPTED.

RHODE ISLAND DEPARTMENT OF EDUCATION
SHEPARD BUILDING
HIGH SCHOOL EQUIVALENCY PROGRAM-ROOM 600

255 WESTMINSTER STREET

PROVIDENCE, RI 02903-3400

For office use only

Type of identification provided

DO NOT WRITE BELOW THIS LINE

RECEIPT # _____

DATE MAILED: _____

Date t/s - dup diploma was picked-up on _____