



Ken Wagner
Commissioner

State of Rhode Island and Providence Plantations

DEPARTMENT OF EDUCATION

Shepard Building
255 Westminster Street
Providence, Rhode Island 02903-3400

Dear Sir or Madam:

In order to process your request for a copy of your GED record, you will need to provide a readable copy of a valid Government issued picture identification and a money order for each transcript or duplicate diploma in the amount of \$5.00, made payable to:
General Treasurer, State of Rhode Island.

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 Westminster Street
High School Equivalency Program, Room 400
Providence, RI 02903**

RHODE ISLAND GED RELEASE FORM

CIRCLE ONE OR BOTH: ** GED TRANSCRIPT

** GED DUPLICATE DIPLOMA

****\$5.00 MONEY ORDER for each transcript or duplicate diploma**

PLEASE PRINT:

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 RI High School Equivalency Diploma? YES _____ NO _____

PLEASE NOTE: YOUR REQUEST WILL NOT BE PROCESSED UNLESS THE REQUIRED DOCUMENTS ARE ENCLOSED. See attached cover letter.

SIGNATURE: _____ **DATE** _____

*If your record cannot be located with the information above, your Request and Money Order will be returned.

_____ Mail to my home address above, OR:

I authorize you to release the information to:

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

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General Treasurer, State of Rhode Island

PERSONAL CHECKS WILL NOT BE ACCEPTED

Mail to:

**RHODE ISLAND DEPARTMENT OF EDUCATION
255 WESTMINSTER STREET
HIGH SCHOOL EQUIVALENCY PROGRAM - ROOM 400
PROVIDENCE, RI 02903-3400**

For office use only

Type of identification provided

DO NOT WRITE BELOW THIS LINE

===== RECEIPT # _____ DATE MAILED: _____ Date Transcript/Diploma picked up: _____