

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 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 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 400
Providence, RI 02903**

Revised: 3/13

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 _____

E-mail address _____

CITY _____ STATE _____ ZIP CODE _____

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

YOUR 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 400

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 _____