



State of Rhode Island and Providence Plantations  
**DEPARTMENT OF EDUCATION**  
Shepard Building  
255 Westminster 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 Westminster Street  
GED Testing Program  
Room 400  
Providence, RI 02903**

Revised: 8/13

**Telephone** (401)222-4600    **Fax** (401)222-6178    **TTY** 800-745-5555    **Voice** 800-745-6575

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

**RHODE ISLAND GED RELEASE FORM**

**SELECT 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 \_\_\_\_\_

Were you a resident of Rhode Island when you took the test? Yes \_\_\_\_\_ No \_\_\_\_\_

(If no, what state were you a resident of? \_\_\_\_\_)

**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 the Rhode Island Department of Education to release the information to:

Mail to my home address (see above)       Alternate Address Listed Below

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

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

Payable to:

**General Treasurer, State of Rhode Island**

PERSONAL CHECKS WILL NOT BE ACCEPTED.

Mail to:

**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 picked-up: \_\_\_\_\_ =====