

AUTHORIZATION FOR RELEASE OF INFORMATION

GED Testing—West
Eisenhower Community Center Room 225
1001 Highway 7
Hopkins, MN, 55305
Phone: 952-988-5340

I, _____ (print), hereby authorize GED Testing – West located
at: the Eisenhower Community Center of the
Hopkins School District 270
1001 Hwy. 7
Hopkins, MN, 55305
to release my GED scores to (complete address):

Date needed by: _____

Year test was take: _____ Place test was taken: _____

Examinee's Personal Information:

Social Security Number: _____
Date of Birth: _____
Today's Date: _____
Daytime Phone Number: _____
Home Address: _____

Signature: _____

- The cost of an official transcript is \$5. Please include a check or money order payable to: Adult Options In Education/ District 270. A transcript will not be issued without payment.

*one form per transcript

