



# GED Transcript/Diploma Replacement Request Form

**Kentucky Adult Education**  
 1024 Capital Center, Suite 250  
 Frankfort, KY 40601  
 502/573-5114 or 800/928-7323  
<http://kyae.ky.gov/ged/>

DATE: \_\_\_\_\_

**PLEASE PRINT ALL INFORMATION:**

Name (Last, First, Middle Initial or Maiden Name):

Name you tested under if different from above:

Social Security Number:  
 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth (Month, Day, Year):  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date you received your GED (approximately):

Testing Location (City / County / Job Corps / Military Location):

Current Address (Street / PO Box # / Apartment):

City / State / Zip Code:

Daytime Phone Number:  
 \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_

**Please complete the following if this request is being mailed to a different address (attach a GED Release of Records Consent Form):**

ATTENTION: (Name)

Address (Street / PO Box # / Apartment):

City / State / Zip Code:

Daytime Phone Number:  
 \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_

**Please check all that apply:**

Number of Transcripts (processing fee, \$5.00 each)  
 Diploma (\$25.00 replacement fee, limit one)

\$ \_\_\_\_\_ TOTAL AMOUNT DUE

Please be sure to include your money order, made payable to the Kentucky State Treasurer, along with this form, and mail to the above address. Personal checks are **NOT** accepted. **INCOMPLETE REQUESTS WILL BE RETURNED TO THE APPLICANT WITH MISSING INFORMATION HIGHLIGHTED, AND ANOTHER PROCESSING FEE ASSESSED.** Requests may not be faxed or emailed to our office.

Signature of Applicant:

Date:

**ABS STAFF USE ONLY:**

Walk In  Mail    Received: \$ \_\_\_\_\_ Cash \_\_\_\_\_ Money Order #: \_\_\_\_\_ Business Check #: \_\_\_\_\_ Initials: \_\_\_\_\_

**GED STAFF USE ONLY:**

Service Rendered:  Diploma  Transcript  Corrections    Date Processed: \_\_\_\_\_ Initials: \_\_\_\_\_