

Long Beach School for Adults  
**GED TRANSCRIPT REQUEST FORM**  
**YOU MUST HAVE TESTED AT THE LONG BEACH SCHOOL FOR ADULTS**

**Please print all information clearly.**

**ALL INFORMATION MUST BE FILLED IN**  
**Transcript Requests take 2-3 business days to process.**

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_  
(At the time of testing)

**Last four of SS #** \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_      **Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

**Current telephone number** (\_\_\_\_) \_\_\_\_\_

**What year did you take the GED exam?** 19\_\_ 20\_\_

**Did you receive your GED Certificate?** Yes \_\_\_ No \_\_\_

**How many sealed copies would you like of your GED test scores?** # \_\_\_\_

*There is a \$10 processing fee for each sealed copy of your GED scores. If your test scores are not located at LBSA you will not receive a refund of the processing fee.*

**Please check one of the following:**

\_\_\_\_\_ **I will pick up my test scores.**

\_\_\_\_\_ **I need my transcript(s) mailed to address below.**

*Please note: Colleges, learning institutions and employers that require official GED transcripts must receive the documents unopened from LBSA.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*If more than one address please print information on the back of this form.*

*I authorize LBSA to release my records to the address listed above and I release LBSA from all legal responsibility or liability that may arise from the release of this information.*

\_\_\_\_\_  
Signature **REQUIRED**

\_\_\_\_\_  
Today's Date

Payment Received by \_\_\_\_\_