

MARYLAND GED® TESTING OFFICE DIPLOMA VERIFICATION REQUEST/SIGNED RELEASE FORM

FAX to: 410-225-7206 or email to: ged.dllr@maryland.gov

GED® Recipient Name(s) at time of testing

GED® Recipient Current Legal Name

Daytime Phone Number

Date of GED® test (if known)

Date of Birth

Social Security Number

How was GED® Test taken? Check one: Paper

Computer

Signature (Recipient)

Date

*if you are submitting this form electronically, type your name on the Electronic Signature line and check I Agree

*Electronic Signature

I AGREE []

I, (GED®/Diploma Recipient) _____, authorize the Maryland GED® Office to release verification of my GED® Testing Date(s) / Maryland High School Diploma to:

Full Name/School / Organization

Attention:

Address

City

State

Zip

Fax Number/Email

Please allow 5 (five) business days for processing of Verification / Call for Verbal Verification after 5 (five) business days

For GED® Office use ONLY

Maryland High School Diploma Verified

Yes

No

Maryland High School Diploma Number

Verification request completed by:

Date request completed:

Rev: 1/2016

PHONE: 410-767-0538 • EMAIL: ged.dllr@maryland.gov • INTERNET: www.dllr.maryland.gov