

SouthHills

School of Business & Technology

REQUEST FOR PENNSYLVANIA GED TRANSCRIPT

(Please Print Clearly)

Name _____
(First) (Middle) (Last)

Present Address _____
(Street)

(City) (State) (Zip)

Telephone # (____) _____ Social Security # _____

Date of Birth _____ Year & Place Tested _____

Previous Names Tested Under _____

Signature of Examinee _____ Date _____

PLEASE MAIL THE OFFICIAL TRANSCRIPT TO:

South Hills School of Business & Techonology
480 Waupelani Drive
State College, PA 16801

A \$3.00 non-refundable service fee *must* accompany this application. This must be in the form of a cashier's check, money order or certified check made out to the Commonwealth of Pennsylvania. Personal checks and cash are not acceptable and will be returned. Transcripts will be mailed normally within a week to ten days of receipt by this office. If no record is found, the requestor will be notified. We are not unable to give verification by phone, nor are we able to fax responses.

Please complete all information requested on this form. Remit this form and the proper fee to:

Commonwealth Diploma Program
Pennsylvania Department of Education
12th Floor
333 Market Street
Harrisburg, PA 17126-0333