QUINSIGAMOND COMMUNITY COLLEGE
G.E.D. Transcript Request Form

Please <u>print</u> the following information:

Name: _____
Last First MI Maiden Name

Address: _____
No. & Street City State Zip Code

Telephone: Home_____ Work_____ Social Security Number:_____

Date of Birth:_____ Date/Year when you took exam at Quinsigamond:_____

To The G.E.D. Chief Examiner:

I, _____, do hereby waive my right of confidentiality by allowing Quinsigamond Community College to release my G.E.D. scores to:

_____	_____
Name/Institution	Name/Institution
_____	_____
Street Address	Street Address
_____	_____
City/Town/State/Zip Code	City/Town/State/Zip Code

Signed:_____ Date:_____

Cost: $7.50 for <u>each</u> transcript (non-refundable). Please make check or money order payable to QCC. No charge for transcript requests to QCC Admissions Office.

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<u>FOR OFFICE USE ONLY</u>

Date Received:_____ Payment Received:_____ Date Transcript(s) Sent:_____