

# **Southeastern Career Center**

## **Division of Adult Education**

901 West US 50, Versailles, IN 47042

(812) 689-5253 ext. 233, Fax: (812) 689-6977

Evie Sanders, Administrative Assistant

esanders@sccenter.k12.in.us



### Instructions for Release of GED Test Score

Please fill out the enclosed form. Make sure you sign the bottom of the form.

Return the form to us via U. S. mail or fax:

Southeastern Career Center

Adult Education

901 W. US Hwy 50

Versailles, IN 47042

Fax: (812) 689-6977

Please call if you have questions. (812)689-5253 ext. 232

Thank you,  
Evie Sanders

*Excellence in Education For Today's Youth & Adults*

# APPLICATION FOR RELEASE OF GED TEST SCORES

Name: \_\_\_\_\_  
Last First Middle Maiden

Address: \_\_\_\_\_  
Street Apt #  
\_\_\_\_\_  
City State Zip Code

Telephone Number: \_\_\_\_\_ ( ) \_\_\_\_\_  
Area Code

Date of Birth: \_\_\_\_\_

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

“This state agency is requesting your social security number only to expedite the processing of this form. You are not required to provide this information and cannot be penalized for declining to provide it.”

Please provide the following information. This information could be crucial to locating your files.

Name at the time of testing: \_\_\_\_\_

Year that you took the test: \_\_\_\_\_

Location of testing center: \_\_\_\_\_

## GED Test Scores

Will be sent to this address: Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address Apt #

\_\_\_\_\_  
City State Zip Code

*I certify that the above information is true to the best of my knowledge and hereby authorize release of my GED test scores as requested.*

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Return this release form to: Southeastern Career Center  
Adult Education  
901 W US 50  
Versailles, IN 47042  
or Fax to: (812) 689-6977