

FLORIDA GENERAL EDUCATIONAL DEVELOPMENT (GED) TESTING OFFICE
 DIPLOMA VERIFICATION REQUEST
FAX TO: 850-245-0990

Florida Department of Education, Division of Career and Adult Education
 Tara G. Goodman, GED Administrator

*Please complete form as accurately as possible. We will fax verification to a maximum of two locations per request. By signing this form, you consent to the release of your GED information.
 All received requests will be faxed back within 7 business days of receipt of fax*

Full Legal Name:			
Legal Name at time of testing (if different from above):			
Date of Birth:		Social Security Number:	
Date of testing (if available):			
Location of testing (if available):			
Current Phone Number:			

Fax to:	Primary Contact & Fax	Secondary Contact & Fax
	Name:	Name:
	Fax Number:	Fax Number:

AUTHORIZATION

An original signature must be provided by the GED candidate for this form to be processed.

I authorize the Florida Department of Education to release verification to the person(s) or organization (s) whose name (s) and fax number (s) are listed above.

Signature:	Date:
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FOR GED OFFICE USE ONLY: (circle one)	GED Staff Person:	
Earned GED	Award Date:	
Tested (did not earn GED)	Most Recent Test Date:	
No Record of GED	Information missing(see below)	
Comments:		

This form should only be used for individuals who tested in the state of Florida.