

## AUTHORIZATION TO RELEASE OFFICIAL GED DOCUMENTS

PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION. IF YOUR APPLICATION IS INCOMPLETE, RECORDS OF YOUR TESTING WILL NOT BE PROVIDED. COMPLETED REQUEST SHOULD BE MAILED OR FAXED TO:

Arkansas GED Testing  
#3 Capitol Mall  
Luther S. Hardin Building  
Little Rock, AR 72201  
FAX 501-682-1982

**PART I: AUTHORIZATION TO RELEASE GED DOCUMENTS DIRECTLY TO THE EXAMINEE  
PLEASE INDICATE THE REQUIRED DOCUMENTS BELOW.**

Transcript                       Diploma                       Retest Application

NAME: \_\_\_\_\_  
*(At the time of testing)*      Last                      Maiden/Other                      First                      M.I.

YEAR TESTED: \_\_\_\_\_                      LOCATION: \_\_\_\_\_  
*(or approximate year)*

SOCIAL SECURITY #: \_\_\_\_\_                      DATE OF BIRTH: \_\_\_\_\_

CURRENT NAME & CURRENT  
MAILING ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DAYTIME PHONE  
NUMBER: \_\_\_\_\_

\_\_\_\_\_  
*(Signature of Test-Taker)*

\_\_\_\_\_  
*(Date)*

**PART II: THIRD PARTY RELEASE  
PLEASE CONTINUE IF YOU ARE REQUESTING THAT DOCUMENTS, INFORMATION, AND/OR  
RECORDS BE DISCLOSED TO A THIRD PARTY.**

I hereby authorize Arkansas GED Testing to provide copies of the indicated documents to the following Third Party:

Transcript                       Diploma                       Retest Application

Third Party Name: \_\_\_\_\_

At the following address: \_\_\_\_\_  
\_\_\_\_\_

I understand and acknowledge the GED Program's right to make an independent determination, at its sole discretion, of whether the information and records identified above are subject to disclosure under the GED Program's policies for disclosing information to third parties. I hereby release the GED Program, its employees, its attorneys, its governing bodies and its agents from any and all liability and claims of every kind and character that are based upon or relate in any way to the disclosure of information in accordance with this authorization to any actions of the third party identified above.

\_\_\_\_\_  
*(Signature of Test-Taker)*

\_\_\_\_\_  
*(Date)*