## **Immediate Need Release**

This release form is only to be used when scores are needed by the end of the next business day in order for an examinee to be immediately employed, enrolled in a postsecondary institution, enlisted in the military, or released from a correction institution. An unofficial copy of your scores will be fax immediately. An official copy will be mailed to the address specified below:

I	, give permission to Arkansas GED		
(Print Examinee's Name)		-	
Testing, Little Rock, Arkansas, to fax my scores	to( <i>Fax</i>	Number)	<u></u>
The official transcript is to be mailed to:	(2		
(Name)			
(Address)	**		<del></del>
(City, State, and Zip)			
(Examinee Social Security Number)	(Date of Birth)		(Today's Date)
(Examinee's Signature)	(Guardian's Signature, if applicable)		
Authorizing Official's Verification Stat	ement:		
,,,,,,,,	<u></u>		<u> </u>
(Print Name of Person Authorized to Hire, Enroll, I Before the End of the Next Business Day)	Enlist, or Release	Above-named	Examinee
Verify that I am authorized to: O hire	O enroll	O enlist	O release
the above-named person. My position is_			
	(Title)		
with <u>Arkansas Northeastern College Adul</u> ( <i>Institution's Name</i> )	t Education.		
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(Authorizing Official's Signature)

\*\*\* THIS FORM MAY BE FAXED TO 501-682-1982 \*\*\*