

Issue Date: June 19, 2024

Adult Diploma Program Request to Release Transcript Form

<u>PLEASE NOTE</u>: This request is **NOT** used for GED Transcripts. If you need a duplicate copy of your GED transcript/certificate, please go to the <u>GED Testing Service website</u> or call: 1-888-906-4031 and they will walk you through the ordering process.

Name:	
Name(s) at time of credential (if different from above): Current Address:	
Current Phone # (in case we have ques	stions): ()
Date of Birth:	
Approximate Date of when you completed:	
	eracy Office of the Vermont Agency of Education to Transcript(s) to the individual or organization(s)
Name:	Name:
Address:	Address:
City, State, Zip:	City, State, Zip:
Signature:	Date:
•	ease request that an encrypted message be set up for evermont.gov through which you can securely submit
For questions, call the Transcript Line a You can download this from the Agenc	at (802) 828-6596 or email AOE.GEDInfo@vermont.gov. y of Education's website.
Office Use Only: Date Rec'd: Initials	s:

Contact: Miranda Scott, Student Pathways Division, AOE.AdultEducation@vermont.gov