

GED/HSED Testing Records Request



Your Name: *(Please Print Clearly)*

Last First Middle

Name while testing at Moraine Park, if different:

Last First Middle

Current Mailing Address:

Street _____

City and State _____

Zip Code _____ Phone Number _____

Date of Birth _____ S.S. # _____ - _____ - _____

GED/HSED Transcript of Scores:

Year tested: _____ Completed Incomplete

Campus Test Site: Beaver Dam Fond du Lac West Bend

Send to:

Moraine Park at: Beaver Dam Fond du Lac West Bend

Other *(Full Address Required)*: _____

To pick up the records requested, you must have a picture ID with you. Records can be picked up by another person who has their own personal ID and your written permission. **All information must be provided in order for transcript to be processed.**

Signature Required: _____

Submit completed form to: Moraine Park Technical College
235 North National Avenue
PO Box 1940
Fond du Lac, WI 54936-1940