



TEXAS EDUCATION AGENCY

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Felipe T. Alanis
Commissioner of Education

REQUEST FOR A DUPLICATE GED CERTIFICATE

Requests without appropriate payment and or signature will not be processed.
Payment: Money Order, Cashiers Check or Personal Check
FEE: \$5.00 Made payable to TEA/GED Unit
PLEASE PRINT. Complete all items below to assist in completing your request.

First Name: _____

Last Name: _____

Last Name at Time of Testing: _____

Social Security Number: ____ - ____ - ____ **Date of Birth:** ____/____/____

Current Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Where were you tested: _____ **What year?** _____

Complete Mailing address where certificate is to be forwarded:

Please Print: _____

Signature: _____ **Date:** _____

Please submit this completed request to the GED Unit. Allow three weeks for your request to be processed once the GED Unit has received it.

DO NOT WRITE BELOW THIS LINE

OFFICE USE ONLY

DATE: _____

____ Check ____ Money Order ____ Cashier's Check

Amount Received \$ _____ Received and Processed by: _____