



Kentucky Council on Postsecondary Education
Kentucky Adult Education
 1024 Capital Center Drive, Suite 250
 Frankfort, Kentucky 40601-8204
 Phone: 502-573-5114
 Fax: 502-696-5863



AUTHORIZATION TO RELEASE GED® TEST INFORMATION

For use by Correctional Institutions or Probation and Parole

PERSONAL INFORMATION										
Name:										
	First Name			Middle (or Initial)			Last			
Name you tested under if different from above:										
Social Security Number:				—			—			
Date of Birth:										
	Month			Day			Year			
Kentucky location where you took the GED® test (city, county or facility):										
Approximate year taken (within about 10 years):										
Signature:										

PLEASE RELEASE MY GED® TEST RECORDS TO THE ADDRESS BELOW:			
Facility Contact Name:			
Facility or Agency Name:			
Address:			
	City	State	Zip

Attach cover sheet from institution and submit by FAX to 502-696-5863.

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