

Release of GED® Transcripts and/or Certificates

Surname	First Name	Middle Name or Initial	
Maiden or Former Surname(s)	Email Address		
Address	City	Province	Postal Code
Telephone Number	Date of Birth (MM-DD-YYYY)		

Location of GED® Testing _____ Year (approximately) _____

Please note that the Nova Scotia Department of Labour, Skills and Immigration is unable to provide GED® transcripts or certificates for GED® test results earned in other provinces.

- I am requesting that ____ copies of my transcript be sent directly to me.
- I am requesting that ____ copies of my certificate be sent directly to me.
- I am requesting that a copy of my official document(s) be sent to the following institution:

- GED® Transcript and/or
- Certificate
- (please indicate)

Attention: _____
Institution: _____
Address: _____

Mail this form to:
GED® Testing
Nova Scotia Department of Labour, Skills and Immigration
P.O. Box 697
Halifax, NS B3J 2T8

Or email to: GED@novascotia.ca

AUTHORIZATION

I authorize The Nova Scotia Department of Labour, Skills and Immigration to disclose my transcript information to the location(s) listed above in accordance with the instructions I have provided.

Signature

Date

IF YOU ARE REQUESTING A REPLACEMENT TRANSCRIPT OR CERTIFICATE, PLEASE EXPECT 7-10 BUSINESS DAYS FOR YOUR REQUEST TO BE PROCESSED. IF YOU HAVE RECENTLY WRITTEN AND PASSED YOUR GED® TESTS, DO NOT COMPLETE THIS FORM, AND ALLOW FOUR WEEKS TO RECEIVE YOUR TRANSCRIPT AND CERTIFICATE, FREE OF CHARGE. IF YOU HAVE ANY QUESTIONS, CONTACT US AT 877-466-7725 OR EMAIL: GED@NOVASCOTIA.CA