

# USAFI/GED TRANSCRIPT ORDER FORM

(\$30 fee per transcript)

Please TYPE or PRINT all information requested below.

For CLEP and DSST scores on tests taken before July 1, 1974

Mail completed form to: Prometric, ATTN: DSST/CLEP Transcripts, 7491 Corporate Drive, Nottingham, MD 21236 OR if paying by credit card, FAX completed form to: (651) 603-3008. \*\*PLEASE DO NOT EMAIL\*\*.

## Payment/Fee Information

A \$30 fee is charged for **each** transcript ordered. A transcript may include any or all DSST and CLEP scores taken **while in the military**.

**NOTE:** Transcripts are mailed within three weeks after receipt of the order form at Prometric.

Transcript Orders	Unit Price	X	QTY	=	Total Fee
To be sent to Personal Home Address (listed under "Personal Information" below)	\$30				\$
To be sent to School(s) (complete school address in box(es) below)	\$30 (per school)				\$
<b>Order Total</b>					<b>\$</b>

**Payment:** Fee(s) may be paid by MasterCard, Visa or American Express, certified check or money order, payable to Prometric. Incomplete forms or forms received without the correct fees will be returned. **Personal checks and cash are not accepted. Fees are nonrefundable.**

To pay for your transcript with MasterCard, Visa or American Express, please supply the information below:

Credit Card:	<input type="checkbox"/> VISA	<input type="checkbox"/> MC	<input type="checkbox"/> AMEX	Exp. Date (MM / YY)	Signature:
--------------	-------------------------------	-----------------------------	-------------------------------	---------------------	------------

Credit Card Number:

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
----------------------	---	----------------------	---	----------------------	---	----------------------

## Personal Information (please TYPE or Print all information requested below):

Last Name (include Maiden Name or Former Last Names, if applicable)	First Name	Middle Initial	Social Security Number
Service Number	Approximate Date of Last USAFI/GED Test (MM/DD/YYYY)		
Street Address (including Apt. number or P.O. Box, if applicable)			Date of Birth (MM/DD/YYYY)
City	State	ZIP Code	
Phone Number (including area code)	Email Address		

## Transcript Information

### Permission for release of records (transcripts will not be issued without signature)

I hereby authorize Prometric to release my transcript(s) to the address(es) below.

Candidate's Signature:	Date:
------------------------	-------

### Address(es) where transcript(s) should be sent

<input type="checkbox"/> Personal Home Address (as listed above) and/or			
School Name:	School Name:		
Attn:	Attn:		
Address:	Address:		
City & State:	Zip Code:	City & State:	Zip Code: