

GED Transcript Request

Instructions to Students:

Please complete this form to request that your GED Certification be sent to Kilian Community College. Submit the completed form to the Admissions Office as soon as possible.

Student's Full Name: _____

Former Name(s): _____

Social Security Number: _____ Date of Birth: _____

Year of Certification: _____ State in which GED was taken: _____

Name of Testing Center _____

Current Mailing Address: _____

Student's Current Phone Number: _____

Please send one (1) copy of my GED Certification to :

**Admissions Office
Kilian Community College
300 E 6th Street
Sioux Falls, SD 57103**

Student's Signature: _____ Date: _____

KilianCommunityCollege

