



# USAFI/GED TRANSCRIPT ORDER FORM

(\$20.00 fee per transcript)

Please TYPE or PRINT all information requested below

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

**FEES/PAYMENT: NOTE NEW ADDRESS**

Enclose a certified check or money order payable to Prometric. If you prefer to pay for your transcript with a MasterCard, Visa or American Express, please supply the information below. Your account will be charged with the total amount due. Incomplete forms or forms received without fees will be returned to the requester. **CASH, PERSONAL CHECKS AND DEBIT CARDS ARE NOT AN ACCEPTABLE METHOD OF PAYMENT.**

EMAIL SCANNED FORMS TO: [PNJ-DANTES@Prometric.com](mailto:PNJ-DANTES@Prometric.com)

SEND COMPLETED FORM TO:

**PROMETRIC**  
**ATTN: USAFI/GED Program**  
**1260 Energy Lane**  
**St. Paul, MN 55108**  
**PHONE: (651)603-3012**

**FAX: (651) 603-3008**

A \$20 fee is charged for each transcript ordered. Transcripts are mailed within three weeks after receipt of the order form at Prometric.

**PAYMENT METHOD:**

Certified Check or Money Order enclosed (in U.S. Dollars)

<input type="checkbox"/> Credit Card:	<input type="checkbox"/> VISA	<input type="checkbox"/> MC	<input type="checkbox"/> AMEX	Exp. Date: MM / YYYY	Signature:
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Credit Card Number:

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
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**PERSONAL INFORMATION (PLEASE TYPE or PRINT ALL INFORMATION REQUESTED BELOW):**

Last Name (Include Maiden Name or Former Last Names):	First Name & Middle Initial:	Social Security Number: - -
Service Number: - -	Approximate Date of Last USAFI/GED Test: MM / DD / YYYY	
Present Address (number & street):		Date of Birth: MM / DD / YYYY
City and State:	Zip Code:	Phone Number: ( ) -

**TRANSCRIPT INFORMATION:**

I understand that my signature permits Prometric to release my transcript to the designated recipient(s).	Signature:
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ORDER FOR TRANSCRIPT(S) - TO BE SHIPPED TO:	UNIT PRICE	X	QTY	=	TOTAL PRICE
PERSONAL HOME ADDRESS (listed under "Personal Information" above)	\$20.00	X		=	
SCHOOL(S) (complete school address in box(es) below)	\$20.00 per school	X		=	
<b>ORDER TOTAL:</b>					

School Name:	School Name:
Attn:	Attn:
Address:	Address:
City & State:                      Zip Code:	City & State:                      Zip Code:

