

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

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.**

SEND COMPLETED FORM TO:

**Prometric
ATTN: USAFI RECORDS
P.O. Box 6605
Princeton, NJ 08541-6605

Fax: 609-895-5026
Phone: 609-895-5011
Toll Free: 877-471-9860**

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:

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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 DANTES 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 <i>per school</i>	X		=	

**ORDER
TOTAL:**

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

