



NEW MEXICO GED TESTING PROGRAM

FAX FORM TO THE CORRESPONDING TEST CENTER
General signed release may be used in lieu of signature
GED VERIFICATION FORM

Please allow 2 weeks for processing. Fax receipts are not verified. Please send only one request per 2 weeks. Incomplete forms will be returned.

Candidate information:

Name at time of testing:	
Social Security Number:	
Date of Birth:	
Year OR approximate year tested:	
Where did candidate test:	
Candidates signature:	
Verification Company's Phone #	
Verification Company's Fax #	

OFFICE USE ONLY

Did candidate pass GED Battery:	
Date of completion:	
Comments:	
Name:	Signature:
Title:	Date: