



Admissions Office GED Transcript Request

WIU Students: Please fax the completed form to your Enrollment Counselor.

Section I: Student Information

Please type or print clearly.

Last Name	First Name	Middle Name/Initial
Social Security Number	Date of Birth (Month/Day/Year) / /	Name at Time of GED Test
Home Mailing Address	City, State, Zip Code	Phone Number
Location and Name of Testing Center		Date Test Was Completed (Month/Year) / Not Complete <input type="checkbox"/>

Did you receive an Arizona GED Certificate/Diploma?

Yes Year Received: _____ No

Certification: I hereby certify that all information provided is completely true, and I authorize the release of my scores to the Receiving Party indicated below.

APPLICANT SIGNATURE

Signature Date

Section II: Recipient Information

Please type or print clearly.

Receiving Party Name (Agency, Educational Institution, Individual)		Attention:
Western International University		Admissions Office
Mailing Address	City, State	Zip Code
9215 N. Black Canyon Highway	Phoenix, AZ	85021
Phone Number		
602-943-2311 or 888-948-4636		