



Ozarka College

...providing life-changing experiences through education

**PO Box 10, Melbourne, AR 72556
870-368-7371**

AUTHORIZATION TO RELEASE OFFICIAL GED DOCUMENTS

PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION. IF YOUR APPLICATION IS INCOMPLETE, RECORDS OF YOUR TESTING WILL NOT BE PROVIDED.

COMPLETED REQUEST SHOULD BE MAILED OR FAXED TO:

Arkansas GED Testing
#3 Capitol Mall, Room 305D
Luther S. Harding Building
Little Rock, AR 72201
Phone 501-682-1978
Fax 501-682-1982

AUTHORIZATION TO RELEASE GED DOCUMENTS DIRECTLY TO THE EXAMINEE

PLEASE INDICATE THE REQUIRED DOCUMENTS BELOW

Transcript Diploma Retest Application

Name _____
Last Former Name(s) First MI

Address _____
PO/Street City State Zip

Daytime Phone _____ Social Security # _____

Date of Birth _____ Year Tested _____

Where _____

Signature of Examinee Date

THIRD PARTY RELEASE

Please continue if you are requesting that documents, information, and/or records be disclosed to a third party.

I hereby authorize Arkansas GED Testing to provide copies of the indicated documents to the following:

Transcript Diploma Retest Application

Ozarka College
Admissions
PO Box 10
Melbourne, AR 72556

I understand and acknowledge the GED Program's right to make an independent determination, at its sole discretion, of whether the information and records identified above are subject to disclosure under the GED Program, its employees, its attorneys, its governing bodies and its agents from any and all liability and claims of every kind and character that are based upon or relate in any way to the disclosure of information in accordance with this authorization to any actions of the third party identified above.

Signature of Examinee Date