Return as needed to:
GED Testing Office
Division of Workforce Education
325 West Gaines Street, Rm. 634
Tallahassee, Florida 32399-0400
850/245-0449, SunCom 205-0449

FLORIDA DEPARTMENT OF EDUCATION
DIVISION OF WORKFORCE EDUCATION

GED TEST TRANSMITTAL SHEET

_____

_____ _____

Name of Examiner Who Administered the Test _____

Total Number of Examinees: _____

Test Date(s): _____

Addendum Test Site _____

Approved Exit Option Program: Yes No (If "Yes", list only those examines)

Documents Attached	ID Number	Name of Applicant			DOB	RE Test Fm	WR Test Fm	Topic Letter	WR Serial #	MA Test Fm	SC Test Fm	SS Test Fm
		Last Name	First Name	MI								

_____

Signature of Chief Examiner DATE

_____

Name and Telephone Number of Preparer (if different than Chief Examiner)