Return to:
GED Testing Office
Office of Workforce Education
325 West Gaines Street, Room 634
Tallahassee, Florida 32399-0400
850/245-0449, Suncom 205-0449

FLORIDA DEPARTMENT OF EDUCATION
DIVISION OF WORKFORCE EDUCATION

GED TESTING ANSWER SHEET TRANSMITTAL

TEST CENTER NUMBER:

3000120
DO NOT USE COUNTY NUMBER
Page of

Name of Examiner Who Administered The Test _____

Total Number of Examinees: _____

Site Where Testing Occurred: _____

Test Date(s): _____

Indicate name of school for Exit Options Students: _____

Graduation Date: _____

WR Topic Letter	WR Serial # from **Answer Sheet**	WR Test Form	Candidate ID Number	Last Name	First Name	MI	DOB MM/DD/YY

Signature of Chief Examiner Date

Name and Telephone # of Preparer (If different than Chief Examiner)