G.E.D. Transcript Request

To: __________________________________________
____________________________________________
____________________________________________

From: _________________________________________

Name
____________________________________________
All Prior Names-Including Maiden Name
____________________________________________

Address
____________________________________________

City State Zip Code
____________________________________________

Phone Number
____________________________________________

Social Security Number Date of Birth
____________________________________________

Month and Year GED taken

Please send an official copy of my G.E.D. Exam scores to:

John Wood Community College
Admissions Office
1301 South 48th Street
Quincy, Illinois  62305

(217) 224-6500 Voice (217) 221-0778 Fax

_________________________________________  __________________________________
Signature Date

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