

# 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 48<sup>th</sup> Street  
Quincy, Illinois 62305

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

\_\_\_\_\_  
Signature Date

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Office of Admissions 1301 South 48<sup>th</sup> Street Quincy, IL 62301-8736  
Phone: 217.224.6500 fax: 217.221.0778

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