

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

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