



**INSTRUCTIONS:** Complete legibly. Return **signed original** along with check/money order made out to **Wisconsin Department of Public Instruction** for all applicable fees, to:

**WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION  
 BUSINESS OFFICE  
 PO BOX 7841  
 125 SOUTH WEBSTER STREET  
 MADISON, WI 53707-7841**

For additional information call 1-800-768-8886 or 608-267-9245.

For best results, this PDF form should be downloaded and opened in Acrobat Reader rather than filled out in the browser. Not all PDF features will work as intended when opened in a browser.

**GENERAL INFORMATION**

Name <i>Last, First, Middle Initial</i>	Date of Birth <i>Mo./Day/Yr.</i>	Last 4 Digits of Social Security Number
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Other Names *List all other last names used, if applicable*

Street/PO Address <i>Apt. number if applicable</i>	City	State	ZIP
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Telephone <i>Area/No.</i>	Email Address
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**SIGNATURE**

**The individual to whom the credentials were issued MUST sign below.**

Signature ➤	Date Signed <i>Mo./Day/Yr.</i>
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**COMPLETE ALL SECTIONS ACCURATELY AND LEGIBLY**

Document Requested	Regular Fee First Copy	OR	Jail/Prison Inmate Fee First Copy**	+	No. of Add'l Copies	X	Fee for Each Add'l Copy	=	TOTAL
Duplicate HSED Diploma/GED Certificate	\$15	OR	\$5	+		X	\$2	=	
Certified GED or HSED Transcript	\$15	OR	\$5	+		X	\$2	=	
<b>Grand Total</b>									

\*\*Correctional facility fees only apply to people incarcerated in a state prison or a jail. People who are out of custody **pay the regular fee.**

**PAYMENT METHOD**

**NOTE: The GED/HSED program at the Department of Public Instruction is currently unable to process credit card payments. We apologize for any inconvenience this may cause. Send your request enclosing either a check or money order only. Do not send cash through the mail.**

Mark the appropriate box below and provide the requested information.

I am enclosing a *Check One*     Check     Money Order    in the amount of \_\_\_\_\_

Check appropriate boxes and provide alternate address(es) as needed. Documents cannot be faxed.

Send \_\_\_\_\_ Copy(ies) of my     transcript     diploma/certificate    to the following address(es):

1. School / Business Name \_\_\_\_\_  
 Attention \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City, State ZIP \_\_\_\_\_

2. School / Business Name \_\_\_\_\_  
 Attention \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City, State ZIP \_\_\_\_\_