

**APPLICATION FOR DUPLICATE
GED STATEMENT**

**MANITOBA ADVANCED EDUCATION AND LITERACY
ADULT LEARNING AND LITERACY, GED TESTING OFFICE**
ROOM 362, 340-9th Street, Brandon, MB R7A 6C2
Phone: (204) 726-6338 or 1-800-853-7402
Fax: (204) 726-6339



INSTRUCTIONS: PLEASE PRINT IN INK AND COMPLETE ALL SECTIONS

1. Your Social Insurance Number is essential; please be sure it is shown correctly.
2. The GED Testing Office should be notified immediately of any change of address.
3. Give name in full. If you wrote your GED under a different surname, please include this surname in the "additional information section" of this form.
4. A fee of \$25.20 must be submitted with the application form. This fee is NOT refundable. Cheque and money orders are to be made payable to the **Minister of Finance**. Post-dated cheques are not accepted. Important: If paying by personal cheque, test results will not be released until cheque clears the bank. An alternative form of payment should be selected if duplicate statement is needed within 3 weeks.

SOCIAL INSURANCE NUMBER	YEAR GED TESTS WERE WRITTEN: (APPROXIMATE IF UNSURE)
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SURNAME:	GIVEN NAME(S):	<p align="center">For Office Use Only (Do not Write in this Box)</p> <p>Date Received: _____</p> <p>Fees Enclosed: _____</p> <p>Cash <input type="checkbox"/> Debit Card <input type="checkbox"/></p> <p>Cheque <input type="checkbox"/> Money Order <input type="checkbox"/></p> <p>Credit Card <input type="checkbox"/></p> <p>CC Auth # _____</p>
MAILING ADDRESS:		
CITY OR TOWN		
PROVINCE/STATE		
POSTAL CODE/ZIP CODE	HOME PHONE (include area code)	

DATE OF BIRTH (Month/Day/Year) _____ Signature: _____

FOR OFFICE USE ONLY	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%; text-align: left;">FORM</th> <th style="width: 30%; text-align: left;">DATE</th> <th style="width: 40%; text-align: left;">MARK</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	FORM	DATE	MARK																			ADDITIONAL INFORMATION: _____ _____ _____ _____ _____
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<p>CREDIT CARD PURCHASE</p> <p>Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Expiry Date: _____</p> <p>Credit Card # _____</p> <p>Signature: _____</p> <p>Cardholder Name (please print): _____</p> <p>Cardholder Address: _____</p>

PLEASE COMPLETE AND SEND IN THIS FORM TO:
Adult Learning and Literacy – GED Testing Office
Room 362, 340 – 9th Street, Brandon, MB R7A 6C2
Fax: (204) 726-6339

Note: Make Cheques payable to the *Minister of Finance*
Postdated Cheques are not accepted.
Fees are subject to change without notice.