

**APPLICATION FOR
DUPLICATE GED STATEMENT**

**MANITOBA ECONOMIC DEVELOPMENT AND TRAINING
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 tests under a different surname, please include this surname in the "additional information section" of this form. You can also indicate in this section, fax requests, or additional mailings.
4. A **fee of \$31.50** 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. Please note, credit cards will not be charged, nor will payment be cashed until such time the search indicates there is a record on file.

SOCIAL INSURANCE NUMBER	YEAR GED TESTS WERE WRITTEN: (APPROXIMATE IF UNSURE)
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SURNAME:	GIVEN NAME(S):	<p style="text-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:		
POSTAL CODE:	HOME PHONE: (include area code)	

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

<p><u>FOR OFFICE USE ONLY</u></p> <p>LANGUAGE ARTS, READING.....</p> <p>LANGUAGE ARTS, WRITING.....</p> <p>MATHEMATICS.....</p> <p>SCIENCE.....</p> <p>SOCIAL STUDIES.....</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; border-bottom: 1px solid black;">FORM</td> <td style="text-align: center; border-bottom: 1px solid black;">DATE</td> </tr> <tr> <td style="text-align: center; border-bottom: 1px solid black;">MARK</td> <td></td> </tr> </table>	FORM	DATE	MARK		<p>PLEASE USE THIS BOX TO PROVIDE US WITH ADDITIONAL INFORMATION, SUCH AS A FAX OR SECONDARY MAILING:</p> <div style="border: 1px solid black; height: 100px;"></div>
FORM	DATE					
MARK						

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.

CREDIT CARD PURCHASE

Visa MasterCard Expiry Date: _____

Credit Card # _____

Signature: _____

Cardholder Name (please print): _____

Cardholder Address: _____
