


APPLICATION FOR DUPLICATE GED STATEMENT	MANITOBA EDUCATION AND TRAINING ADULT LEARNING AND LITERACY, GED TESTING OFFICE ROOM 362, 340–9 th Street, Brandon, MB R7A 6C2 Phone: (204) 726-6338 or 1-800-853-7402 Fax: (204) 726-6339	
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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):	FOR OFFICE USE ONLY (Do not Write in this Box) Date Received: _____ Fees Enclosed: _____ Cash <input type="checkbox"/> Debit Card <input type="checkbox"/> Cheque <input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card <input type="checkbox"/> CC Auth # _____	
MAILING ADDRESS:			
CITY OR TOWN:			
PROVINCE:			
POSTAL CODE:	HOME PHONE: (include area code)		

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

FOR OFFICE USE ONLY LANGUAGE ARTS, READING..... LANGUAGE ARTS, WRITING..... MATHEMATICS..... SCIENCE..... SOCIAL STUDIES.....	<table border="1"> <thead> <tr> <th>FORM</th> <th>DATE</th> <th>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																			PLEASE USE THIS BOX TO PROVIDE US WITH ADDITIONAL INFORMATION, SUCH AS A FAX OR SECONDARY MAILING: _____ _____ _____ _____ _____ _____
		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 <input type="checkbox"/> MasterCard <input type="checkbox"/> Expiry Date: _____	
Credit Card # _____	
Signature: _____	
Cardholder Name (please print): _____	
Cardholder Address: _____ _____	