



**Montana  
High School Equivalency  
Program**

**HiSET/GED Transcript Release Form**

**Choose only one:**

**1. Mailing address** to have the official transcript sent *(include stamped/addressed envelope)*:

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**2. Fax number** to have the unofficial transcript sent:

Name of person and/or entity to be faxed to:

Transcript requests will only be processed with a pre-stamped, pre-addressed envelope *or* working fax number

Provide the following information *(please print)*:

_____ Name under which you tested	_____ City where tested	_____ Year tested
_____ Current name (if it is different from the one above)	_____ Date of birth	
_____ Present mailing address	_____ Phone number	
_____ City                      State                      Zip	_____ Email address	
_____ Signature	_____ Today's date	

**For an official HiSET or GED transcript,**  
*mail this release form with stamped and pre-addressed envelope to*  
High School Equivalency Program  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

**For an unofficial HiSET or GED Transcript,**  
*fax this form to 406-444-1373*  
*include return fax number*

Phone Emily at 406-444-1691 for assistance.