



**Montana**  
Office of Public Instruction  
Elsie Arntzen, Superintendent

**Montana**  
**High School Equivalency**  
**Program**

**Transcript Release Form**

Mailing address to have the official transcript sent:

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Fax number to have the unofficial transcript sent:

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

**Provide a stamped envelope with the address of the agency or person and where the transcript should be sent.**

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

Phone Emily at 406-444-1691 for assistance.