

WILL COUNTY REGIONAL OFFICE OF EDUCATION

ILLINOIS HIGH SCHOOL EQUIVALENCY CERTIFICATE/TRANSCRIPT REQUEST FORM

Candidate Instructions please read carefully:

- Complete and mail this form along with a **COPY OF VALID STATE ID OR DRIVER'S LICENSE**, and appropriate payment. **CANDIDATE'S SIGNATURE AND COPY OF PHOTO ID IS REQUIRED FOR PROCESSING THE REQUEST.**
- Payment must be cash or money order in the exact amount payable to: **Will County ROE. Fees paid are non-refundable. We are not responsible for lost mail, another fee will be required to resend.**
- Please allow 5 business days for processing.

Check the box/boxes for each item you are requesting			
<input type="checkbox"/> Official Transcript	\$10.00 each	Quantity _____	Total _____
<input type="checkbox"/> Official Certificate	\$10.00 each	Quantity _____	Total _____
Year of Illinois High School Equivalency (GED) completion: _____		Testing Site: _____	
Personal Information - Please print legibly.			
Last:	First:	Middle:	
Name during testing (if different from above):		E-Mail address:	
Social Security Number:		Date of Birth:	Phone Number:
Street Address:		City:	State: Zip:
Signature of Applicant (cannot be processed without original signature):			Date:

<p>Transcript Recipient Information- Complete this section ONLY if this transcript is being sent to a College, Employer or other entity.</p> <p>Name of Institution/Employer _____</p> <p>Attention/Contact Person _____</p> <p>Email Address _____</p> <p>Address _____ City _____ State _____ Zip _____</p> <p>Phone Number: _____ Fax Number _____</p>			
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Send form, copy of ID or Driver's License and cash or money order (made payable to Will County ROE) to:

Will County Regional Office of Education
Attn: Pam Stofko
338'P0Ej leci q'U0Uwlg'622
Lqrlgv.'KN'82654

Office Use Only: **Payment received:** _____ **Date issued:** _____