

GED TRANSCRIPT REQUEST FORM

PLEASE PRINT OR TYPE LEGIBLY

Last	First	Middle
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Name tested under (if different):

Street	City	State	Zip Code
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Phone#	SS#	Date of Birth
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Location of Test	Pass (YES or NO)	Year of Test
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Date

Signature

Transcript should be sent to:

NOTE: There is a \$6.00 fee for an official transcript, and a \$10.00 fee for issuance of a Duplicate Certificate. ALL FEES MUST BE CASH OR MONEY ORDER. NO PERSONAL CHECKS. Money orders should be made payable to: Will County ROE. Please allow 5 business days for processing. Send fees and request form to:

**WILL COUNTY REGIONAL OFFICE OF EDUCATION
702 WEST MAPLE ST.
NEW LENOX, IL 60451
PHONE: 815-740-8360, FAX: 815-740-4788
ATTN: Pam Stofko**

OFFICE USE ONLY:

Payment received _____

Date Issued: _____