

<b>ILLINOIS HIGH SCHOOL EQUIVALENCY TRANSCRIPT REQUEST FORM</b>
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**PLEASE PRINT OR TYPE LEGIBLY**

<b>Last</b>	<b>First</b>	<b>Middle</b>
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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 a duplicate certificate. ALL FEES MUST BE PAID BY CASH OR MONEY ORDER.**

**NO PERSONAL CHECKS. Please allow 5 business days for processing. Money orders should be made payable to: Will County ROE. 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: \_\_\_\_\_