

# WILL COUNTY REGIONAL OFFICE OF EDUCATION

## ILLINOIS GED TRANSCRIPT / DIPLOMA REQUEST FORM

**Please read instructions carefully:**

- Complete and mail this form with a **COPY OF VALID STATE ID OR DRIVER'S LICENSE** and the fee.
- **CANDIDATE'S SIGNATURE AND COPY OF PHOTO ID IS REQUIRED.**
- Cashier's check or money order made payable to: **Will County ROE. Fees paid are nonrefundable.**
- **IMPORTANT: The ROE DOES NOT EXCEPT CASH as a form of payment.**

| Check the boxes for each item you are requesting.           |              |                      |                         |
|-------------------------------------------------------------|--------------|----------------------|-------------------------|
| <input type="checkbox"/> Official Transcript                | \$10.00 each | Quantity _____       | Total _____             |
| <input type="checkbox"/> Diploma                            | \$10.00 each | Quantity _____       | Total _____             |
| <input type="checkbox"/> Unofficial Transcript              | No Cost      | Quantity _____       | Total _____             |
| Year of GED completion: _____                               |              | Testing Site: _____  |                         |
| Personal Information - Please print legibly.                |              |                      |                         |
| Last: _____                                                 |              | First: _____         | Middle: _____           |
| Name during testing (if different from above): _____        |              | Email Address: _____ |                         |
| Social Security Number: _____                               |              | Date of Birth: _____ | Phone Number: _____     |
| Street Address: _____                                       |              | City: _____          | State: _____ Zip: _____ |
| Signature of Applicant (original signature required): _____ |              |                      | Date: _____             |

|                                                                                                                                                       |  |                  |                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------|----------------------|
| <b>Transcript Recipient Information</b> - Complete this section <b>ONLY</b> if this transcript is being sent to a college, employer, or other entity. |  |                  |                      |
| Name of Institution/Employer _____                                                                                                                    |  |                  |                      |
| Attention/Contact Person _____                                                                                                                        |  |                  |                      |
| Address _____                                                                                                                                         |  | City _____       | State ____ Zip _____ |
| Phone Number _____                                                                                                                                    |  | Fax Number _____ |                      |
| Email Address _____                                                                                                                                   |  |                  |                      |

**Send form, copy of ID or Driver's License, and money order (payable to Will County ROE) to:**

**Will County Regional Office of Education**  
**Attn: Yola Bzdyk - ybzdyk@willroe.org**  
**116 N. Chicago St. Suite 400**  
**Joliet, IL 60432**

**Office Use Only:**  
Updated 10/23

**Payment received:** \_\_\_\_\_

**Date issued:** \_\_\_\_\_