

## WILL COUNTY REGIONAL OFFICE OF EDUCATION

## ILLINOIS GED TRANSCRIPT / DIPLOMA REQUEST FORM

- ❖ Email the completed form along with a copy of a valid Photo ID; we will contact you for payment
- Mail the completed form along with a copy of a valid Photo ID and payment
- ❖ In person: please bring a valid photo ID

Payments accepted: Card, check or money order made payable to: WillCountyROE

## THE ROE DOES NOT ACCEPT CASH, FEES PAID ARE NONREFUNDABLE.

	Check the boxes	for each	item you a	re requesting.			
Offical Transcript	\$10.00 EACH	Quantity			\$		
Diploma			antity			\$	
Unofficial Transcript							
Year of GED complet			ting Site:				
	Personal Info		- Please prii	nt legibly.	1		
Last:	First:				Mido	lle:	
Name during testing (if di	ifferent from above):		Ema	il Address:	1		
Social Security Number:		Date of E	Date of Birth:		Phone Number:		
Street Address:	City:			State:	Zip:		
Signature of Applicant (original signature required):				]	Date:		
Transcript Recipier  Name of Institution/Emplo		, employer	, or other e	ntity		<u> </u>	
Attention/Contact Person:							
A 11							
Address:			City:	S	tate:	_Zip:	
Address:Phone Number:	Fax		City:	S Email:	tate:	_ Zip:	
	Will County Attn: Tal	: Regional lia Roti - Chicago S Joliet, II	Office of l troti@willr treet. Suite	Education oe.org	tate:	_ Zip:	
	Will County Attn: Tal 116 N. 0	Regional lia Roti - Chicago S Joliet, II 15-462-54	Office of latroti@willroti@willroti. Suite 60432	Education oe.org		_ Zip:	