

# 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.**
- Payment must be cash or money order made payable to: **Will County ROE. Fees paid are nonrefundable.**

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 _____
Year of GED completion: _____		Testing Site: _____	
Personal Information - Please print legibly.			
<b>Last:</b>	<b>First:</b>		<b>Middle:</b>
<b>Name during testing (if different from above):</b>			<b>Email Address:</b>
<b>Social Security Number:</b>		<b>Date of Birth:</b>	<b>Phone Number:</b>
<b>Street Address:</b>		<b>City:</b>	<b>State:</b> <b>Zip:</b>
<b>Signature of Applicant (original signature required):</b>			<b>Date:</b>

<b>Transcript Recipient Information - Complete this section ONLY if this transcript is being sent to a college, employer, or other entity.</b>
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 cash or money order (payable to Will County ROE) to:

**Will County Regional Office of Education**  
**Attn: Carina Frausto**  
**116 N. Chicago St. Suite 400**  
**Joliet, IL 60432**

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**Office Use Only:**      **Payment received:** \_\_\_\_\_      **Date issued:** \_\_\_\_\_