

# WILL COUNTY REGIONAL OFFICE OF EDUCATION

## ILLINOIS HIGH SCHOOL EQUIVALENCY CERTIFICATE/TRANSCRIPT REQUEST FORM

**Candidate Instructions please read carefully:**

- Complete and mail this form along with a **COPY OF VALID STATE ID OR DRIVER'S LICENSE**, and appropriate payment. **CANDIDATE'S SIGNATURE AND COPY OF PHOTO ID IS REQUIRED FOR PROCESSING THE REQUEST.**
- Payment must be cash or money order in the exact amount payable to: **Will County ROE. Fees paid are non-refundable. We are not responsible for lost mail, another fee will be required to resend.**
- Please allow 5 business days for processing.

<b>Check the box/boxes for each item you are requesting</b>			
<input type="checkbox"/> Official Transcript	\$10.00 each	Quantity _____	Total _____
<input type="checkbox"/> Official Certificate	\$10.00 each	Quantity _____	Total _____
Year of Illinois High School Equivalency (GED) completion: _____		Testing Site: _____	
<b>Personal Information - Please print legibly.</b>			
Last:	First:	Middle:	
Name during testing (if different from above):		E-Mail address:	
Social Security Number:		Date of Birth:	Phone Number:
Street Address:		City:	State: Zip:
Signature of Applicant (cannot be processed without original signature):			Date:

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

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

**Will County Regional Office of Education  
 Attn: Pam Stofko  
 702 W. Maple Street  
 New Lenox, IL 60451**

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