## WILL COUNTY REGIONAL OFFICE OF EDUCATION

## ILLINOIS GED TRANSCRIPT / DIPLOMA REQUEST FORM

## Please read instructions carefully:

Updated 10/23

- 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.

· IMPORTANT: THE				a torm of paym ou are requesti		
☐ Official Transcript	\$10.00 each		•	ity Total		
□ Diploma	-					
☐ Unofficial Transcrip		Quantity				
Year of GED completion	n:					
	Persona	l Informatio	on - Please	print legibly.		
Last: First		irst:	:		Middle:	
Name during testing (if d	ifferent from abo	ove):	E	Email Address:		
Social Security Number:		Date o	Date of Birth:		Phone Number:	
Street Address:			City:		State:	Zip:
Signature of Applicant (original signature requ					Date:	
Transcript Recipient I college, employer, or ot Name of Institution/Em Attention/Contact Perso	her entity. ployer					_
Address						Zip
		Fax Nı				
Email Address			rax N			
Send form, copy of II Will County Region Attn: Teague Sull 116 N. Chicago St Joliet, IL 60432	onal Office of Eo ivan - tsullivan@	ducation	•	der (payable t	o Will Cour	nty ROE) to:
Office Use Only:	Payment rece	eived:		D	Pate issued:	