

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.**

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: _____

Transcript Recipient Information - Complete this section ONLY 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: Teague Sullivan - tsullivan@willroe.org
116 N. Chicago St. Suite 400
Joliet, IL 60432

Office Use Only: **Payment received:** _____ **Date issued:** _____
Updated 10/23