

# TRANSCRIPT AND DIPLOMA REQUEST FORM

Bureau, Henry and Stark Counties  
REGIONAL OFFICE OF EDUCATION  
107 S. State Street  
Atkinson, IL 61235  
(309) 936-7890  
FAX: (309) 936-1111

Use this form to request copies of your GED transcript or diploma (certificate) if you tested in Bureau, Henry or Stark Counties in Illinois. Complete all request information on this form and submit it with a money order payable to **Regional Office of Education** for the proper amount (\$6.00 for each transcript and \$10.00 for diploma). Send the completed request to the above address. Make sure you have the correct address of where you want the transcript or diploma to be sent. We are not responsible for lost mail, another fee will be required to resend. Please allow one-two weeks for delivery. Fees paid are **NOT REFUNDABLE**. **NO PERSONAL CHECKS WILL BE ACCEPTED.**

Check the box(es) for each item(s) that you are requesting.

Transcript (\$6.00 per copy)                      Number of copies:

Diploma (\$10.00 per copy)                      Total dollar amount enclosed: \$

You must meet all the eligibility requirements to receive a certificate. The scoring requirements are 1) Must have a standard score of 410 or greater in each individual test and 2) Must have a total standard score of 2250 or greater and 3) Must have taken and passed the Illinois/State Constitution test. (If not taken with the GED program, official proof will be required.)

## PERSONAL INFORMATION

Name used at time of test: \_\_\_\_\_ (Note: Proof of name change is required)

Current Name: \_\_\_\_\_ Social Security Number \_\_\_/\_\_\_/\_\_\_

Current Address: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_ Phone Number \_\_\_/\_\_\_/\_\_\_

Date of Test: (approximately) \_\_\_/\_\_\_/\_\_\_ Location: \_\_\_\_\_

Signature: \_\_\_\_\_ Today's Date \_\_\_\_\_

## TRANSCRIPT RECIPIENT INFORMATION

Complete this section **ONLY** if this transcript is not being sent to you. (Colleges, Employers, etc.)

Name of College: \_\_\_\_\_ Attention: Enrollment Services

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

**OR**

Name of Institution/ Employer: \_\_\_\_\_ Attention: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

OFFICE USE ONLY

Date Sent: \_\_\_\_\_

By: \_\_\_\_\_