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 High School Equivalency transcript or diploma if you reside 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 (\$10.00 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. Money Orders can be made out to ROE#28.**

Check the box(es) for each item(s) that you a	are requesting.	
☐ Transcript (\$10.00 per copy)	Number of copies:	
☐ Diploma (\$10.00 per copy)	Total dollar amount enclos	sed: \$
	PERSONAL INFORMATION	ON
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	
Email:		
<u>T</u>	RANSCRIPT RECIPIENT INFO	<u>RMATION</u>
Complete this section ONLY if this transcrip	pt is not being sent to you. (Colleges	s, Employers, etc.)
Name of College:	Attention: Enrollment Services	
Address:	City:	State: Zip:
Name of Institution/ Employer:	OR	
Attention:		
Address:	City:	State: Zip:

OFFICE USE ONLY

Date Sent: By: