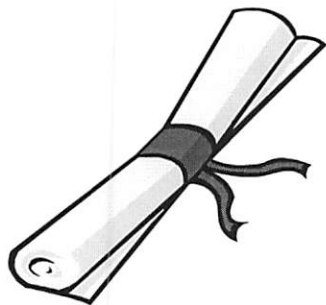


APPLICANTS REQUESTING A GED TRANSCRIPT/CERTIFICATE WILL COMPLETE THIS FORM AND SUBMIT TO THE HARRISBURG REGIONAL OFFICE OF EDUCATION FOR PROCESSING.

UNOFFICIAL TRANSCRIPTS CANNOT BE RELEASED UNLESS THE CANDIDATE DID NOT PASS THE GED.



REGIONAL OFFICE OF EDUCATION #20
512 NORTH MAIN STREET
HARRISBURG IL 62946
Phone 618/253-5581
Fax 618/252-8472

General Educational Development (GED) Transcript/Duplicate Certificate Request Form

(Please print)

I, _____ (_____), authorize

First Name

Middle Initial

Last Name (or Last Name Tested Under)

Maiden Name

the Regional Office of Education to forward my GED scores to:

Name of Person or Place

Address

City, State, Zip Code

Fax Number

Birth Date ____/____/____ Social Security # ____ - ____ - ____

Year of Test _____

Testing Location _____

How may we contact you if we have any questions?

**PAYMENT BY CASH
OR MONEY ORDER
PAYABLE TO: ROE #20
Please Check Box**
\$10.00 Transcript
\$10.00 Certificate

Complete Address

Phone Number

Signature

Date