

# REGIONAL OFFICE OF EDUCATION #17

Serving DeWitt – Livingston – Logan - McLean Counties

201 E. Grove Street, Suite 300 Bloomington, IL 61701 Phone: 309-888-5120 Fax: 309-862-0420

## HIGH SCHOOL EQUIVALENCY TRANSCRIPT/DIPLOMA RELEASE FORM

Complete release form and send with payment.

Money orders and personal checks must be made payable to Regional Office of Education # 17.

Fees are non-refundable. To pay online go to <https://roe17.org/services/ged-hse>

Mark the number of each item you are requesting:

- \_\_\_\_ Verification Fax (Free unofficial transcript FAX)  
\_\_\_\_ Official Transcript: (\$10.00 per copy)  
\_\_\_\_ Certificate: (\$10.00 per copy)  
\_\_\_\_ Official Transcript & Certificate: (\$20.00 per set)

### Online Payment (Authorize.Net)

Name on Card: \_\_\_\_\_

Transaction ID #: \_\_\_\_\_

Current and Valid Photo ID Required

COPY PHOTO ID HERE

### Personal Information

Type of test taken:      \_\_GED      \_\_HiSET      \_\_TASC

Name used at time of test: \_\_\_\_\_

Current Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Approximate Year Tested: \_\_\_\_\_

Location of testing facility: \_\_\_\_\_

My signature below shows that I authorized my High School Equivalency Scores to be released.

Signature: \_\_\_\_\_

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

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

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

Attention/Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

### For Office Use Only

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

Date Processed: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Payment  
Method: \_\_\_\_\_

Receipt Number: \_\_\_\_\_