

REGIONAL OFFICE OF EDUCATION #17

Serving DeWitt – Livingston – Logan - McLean Counties

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

HIGH SCHOOL EQUIVALENCY TRANSCRIPT/DIPLOMA RELEASE FORM

Return to address or fax number above, or email to ged@roe17.org

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 (Free unofficial transcript sent via email)

_____ 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: _____

Last four digits of SS #: _____

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: _____

Email to send to: _____

For Office Use Only

Date Sent: _____

Date Processed: _____

Amount Paid: _____

Payment Method: _____

Receipt Number: _____