



REGIONAL OFFICE OF EDUCATION #17

Serving DeWitt – Livingston – Logan – McLean Counties

G.E.D. TRANSCRIPT/DIPLOMA RELEASE FORM

Current and Valid Photo ID Required

COPY PHOTO ID HERE

Mark the number of each item you are requesting:

- _____ Verification: (Free fax)
- _____ Transcript: (\$3.00 per copy)
- _____ Certificate: (\$10.00 per copy)
- _____ Transcript & Certificate: (\$13.00 per copy)

Money order and personal checks must be made payable to Regional Office of Education 17. Fees are non-refundable. To pay online go to <http://www.roe17.org/ged/ged-diplomas-and-transcripts>

Personal Information

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 G.E.D. testing facility: _____

My Signature below shows that I authorize my G.E.D. scores to be released. (Must be actual signature)

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: _____ Method: _____ Receipt Number: _____

Approved By: _____

Notes: _____