



# REGIONAL OFFICE OF EDUCATION #17

Serving DeWitt – Livingston – Logan - McLean Counties

## G.E.D. TRANSCRIPT/DIPLOMA RELEASE FORM

Mark the number of each item you are requesting:

- \_\_\_\_\_ Verification (Free verification FAX)
- \_\_\_\_\_ Transcripts: (\$10.00 per copy)
- \_\_\_\_\_ Certificate: (\$10.00 per copy)
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Money order and personal checks must be made payable to Regional Office of Education # 17.

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### 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.**

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: \_\_\_\_\_  
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### **For Office Use Only**

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