



# REGIONAL OFFICE OF EDUCATION #17

Serving DeWitt – Livingston – Logan - McLean Counties

## HIGH SCHOOL EQUIVALENCY TRANSCRIPT/DIPLOMA RELEASE FORM

Complete release form and send with payment.

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>

Mark the number of each item you are requesting:

- \_\_\_\_ Verification (Free verification FAX)
- \_\_\_\_ Transcripts: (\$10.00 per copy)
- \_\_\_\_ Certificate: (\$10.00 per copy)
- \_\_\_\_ Transcript & Certificate: (\$20.00 per set)

### Online Payment (Paypal)

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:	