



Champaign-Ford Regional Office of Education 9

Transcript/Certificate Request Form

Please complete this form. Submit the form, along with a money order or cash to:

Regional Office of Education #9
3358 Big Pine Trail
Champaign, IL 61822

Please indicate the number of each item you are requesting.

___ Transcript(s) x \$10.00 = \$ _____
___ Certificate(s) x \$10.00 = \$ _____

Only money order or cash is accepted

Name at the Time of Testing _____

Birthdate _____ **SSN** _____ **Year Test Taken** _____

Location of Testing _____

(Rantoul, Lincoln's Challenge Academy, Parkland, or Urbana Adult Education)

County of Residence at the time of testing _____

Mail Documents to:

Name of Institution, Employer, or Your Name _____

Address _____

City, State, Zip _____

My Current Name _____ My Current Phone # _____

My Current Address _____

City, State, Zip _____

I certify that the above information is true to the best of my knowledge and that by signing this form, I am releasing my confidential records to be sent to the above named institution, employer, or individual.

Signature

Date

For questions, please call 217-893-3219.

*Third Party Verification must pay the \$10 fee for each verification and can be paid by company check or money order.

07/19

FOR OFFICIAL USE ONLY

Paid \$ _____ **Money Order or Cash**

Receipt # _____