

**Champaign – Ford Regional Office of Education 9**  
**State of Illinois High School (GED) Transcript/Diploma Request Form**  
3358 Big Pine Trail \* Champaign, IL 61822 \* P: 217.893.3219 \* F: 217.893.0024 \* roe9.org

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Complete this form and submit it with payment.  
Cash or Money Order made payable to Regional Office of Education 9 are accepted.

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Indicate the number of each item you are requesting below. Payments are non-refundable.

\_\_\_\_\_ Transcript (\$10 - each)    \_\_\_\_\_ Certificate (\$10 - each)

**Personal Information:**

Type of test taken: \_\_\_\_\_GED    \_\_\_\_\_HiSET

Name at time of test: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Current Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Approximate Year Tested: \_\_\_\_\_

Location of Testing Facility: \_\_\_\_\_  
(*Lincoln's Challenge Academy, Parkland, Rantoul or Urbana Adult Education*)

My signature below shows that I authorize the release of my High School Equivalency Scores (GED Transcript).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Transcript Recipient Information:** Complete this section **ONLY** if the document(s) are not being sent to you.  
(Universities, Employers etc.)

Name of Institution/Employer: \_\_\_\_\_

Attention/Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email address: \_\_\_\_\_

**For Office Use Only:**

Paid \$ \_\_\_\_\_ Debit/Credit    Money Order    Cash    Receipt # \_\_\_\_\_