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**Regional Office of Education #54**

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**GED TRANSCRIPT AND CERTIFICATE REQUEST FORM**

*Use this form to request copies of your GED transcript or certificate **only if you tested in Vermilion County, Illinois.** Please complete this form and submit it with a postal money order, cash, or a check to the Regional Office of Education for the proper amount (\$10.00 for each transcript and \$10.00 for each certificate) to the above address. Please allow 7-10 business days for delivery. **Fees paid are NOT refundable.***

Mark the number of each item you are requesting.

( ) Transcript (\$10.00 per copy)

Today's date: \_\_\_\_/\_\_\_\_/\_\_\_\_

( ) Certificate (\$10.00 per copy)

Total Dollar amount enclosed: \$\_\_\_\_\_  
(Money order must be made payable to Regional Office of Education. No personal checks. Fees are non-refundable.)

**Personal Information**

Name at time of test: \_\_\_\_\_

Current Name: \_\_\_\_\_  
\_\_\_\_\_

Social Security No. \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Address: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ Phone No.(\_\_\_\_) \_\_\_\_\_

*I \_\_\_\_\_ hereby authorize my GED scores to be released.*

**Transcript Recipient Information**

*Complete this section only if the transcript is not being sent to you.*

Name of College: \_\_\_\_\_ ATTN: \_\_\_\_\_

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

Name of Employer: \_\_\_\_\_ ATTN: \_\_\_\_\_

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