

TRANSCRIPT AND CERTIFICATE REQUEST FORM

MADISON COUNTY REGIONAL OFFICE OF EDUCATION
157 N. MAIN ST., STE. 438
EDWARDSVILLE, IL 62025
(618) 296-4530

Use this form to request copies of your GED transcript or certificate **if you tested in Madison County, Illinois**. Complete all requested information on this form and submit it with a check or money order payable to Regional Office of Education for the proper amount (**\$8.00 for each transcript and \$10.00 for certificate**). Send the completed request to the above address. **Include the correct address where the transcript or certificate should be sent.** We are not responsible for lost or undeliverable mail – another fee will be required to resend. **Please allow one to two weeks for delivery.** Fees paid are **NOT REFUNDABLE**.

Check the box(es) for each item(s) that you are requesting.

Transcript (\$8.00 per copy) _____ Number of copies _____
Certificate (\$10.00 per copy) _____ Total Dollar amount enclosed _____

**** You must have taken and passed the Illinois and U.S. Constitution test in order to receive your transcript and certificate. (If not taken with the GED program, official proof will be required.)**

PERSONAL INFORMATION (PLEASE PRINT)

Name used at time of test _____ (include maiden and all married names)
Current Name _____
Current Address _____
City, State and Zip _____
Date of Birth _____ Social Security Number _____
Day Phone Number _____ Cell Phone Number _____
Date of Test (approx.) _____

Signature _____ Date _____

SEND TRANSCRIPTS TO Complete this section **ONLY** if this transcript is not being sent to you.
(Colleges, Employers, etc.)

Name of College/Employer _____
Department _____
Address _____
City, State and Zip _____

OFFICE USE ONLY	DATE SENT _____	CIRCLE ONE
INITIALS OF ROE STAFF		MONEY ORDER
	DATE PICKED UP _____	CHECK # _____
		CASH