



Jodi L Scott

Regional Superintendent of Schools

Lori Loving

Asst. Regional Superintendent of Schools

TRANSCRIPT AND DIPLOMA REQUEST FORM
Regional Office of Education

Henderson/Mercer/Warren Counties
105 North E St., Suite 1, Monmouth, IL 61462
Phone: 309/734-6822 Fax: 309/715-7336

Knox County
121 South Prairie St., Galesburg, IL 61401
Phone: 309/ 345-3828 Fax: 309/ 345-6735

Use this form to request copies of your GED transcript or diploma (certificate) if you tested in Henderson, Knox, Mercer, or Warren County, Illinois. Complete all request information on this form and submit it with cash or check payable to Regional Office of Education for the proper amount. Send the completed request to the above address. Please allow one to two weeks for delivery. Fees paid are NOT refundable.

Today's Date: _____

Please enter the number of copies of each item(s) you are requesting.

_____ Certificate (or replacement) - \$10.00

_____ Official Transcript(s) - \$10.00 per copy

\$_____ Total dollar amount enclosed

PERSONAL INFORMATION

Name used at time of test _____

Current Name _____ Social Security Number (last 4 digits only): _ _ _ _

Current Address _____ Date of Birth ____/____/____

City _____ State _____ Zip _____ Phone Number ____/____/____

Date of Test (approximately) ____/____/____ Location (where test was taken): _____

Signature _____

TRANSCRIPT RECIPIENT INFORMATION

Complete this section only if this transcript is not being sent to you. For example - college, employer, etc.

Name of College _____

Address _____ City _____ ST. _____ Zip _____

- OR -

Name of Institution/Employer _____ Attention: _____

Address _____ City _____ ST _____ Zip _____

Business Office

105 North E St Phone: (309) 734-6822
Monmouth IL, 61462 Fax: (309) 715-7336

Galesburg Office

121 S. Prairie St Phone: (309) 345- 3828
Galesburg IL 61401 Fax: (309) 345-6735