

High School Equivalency Transcript/Diploma Request Form

Iroquois – Kankakee Regional Office of Education
189 E. Court Street, Suite 600, Kankakee, IL 60901
Phone: 815-937-2950 FAX: 815-937-2921

Fees for Requests

- Fees must be paid in cash or with Money Order.
- Fees paid are **NOT REFUNDABLE**.
- Money Orders must be made payable to I-KAN ROE #32 (completely filled out and signed).
- We are not responsible for lost or undeliverable mail. Another fee will be required to resend the documents.
- **IL law requires a student to pass the IL and U.S. Constitution test** (if not taken with the High School Equivalency program, official proof is required).
- **Official** transcripts are in a sealed envelope and needed by many institutions, schools, and employers.

Personal Information

Full Name _____
First Middle Last

All former names _____

Current Address _____
City State Zip Code

Date of Birth ____/____/____ Social Security Number ____-____-____

Phone (____) ____-____ Year test completed _____

Check all that you are requesting:

- Free Unofficial Transcript, fax to: (____) ____-____
OR fax verification only: student ____ passed ____ failed on ____/____/____
- \$6 Official Transcript
- \$10 Certificate/Diploma
- \$1 to receive documents by **mail**

Total \$____.00 [only cash or Money Order]

Student's Signature _____ Date ____/____/____

- send to me
- send somewhere else

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

Name of Institution/Employer _____

Attention/Contact Person _____

Address _____
City State Zip Code

OFFICE USE ONLY Rec'd by _____ Fees \$____.00 Date ____/____/____ Paid: ____ Cash ____ MO ____
Report Sent by _____ Title <u>Admin.</u> Date ____/____/____