



# High School Equivalency Transcript/Diploma Request Form

Iroquois – Kankakee Regional Office of Education

1 Stuart Drive, Kankakee, IL 60901

Phone: 815-937-2950 FAX: 815-937-2921

This form is for all HSE tests completed in IL: GED, HiSET and TASC

## Fees for Requests

- Fees must be paid in cash in person, or with Money Order by mail.
- 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: (\_\_\_\_) \_\_\_\_-\_\_\_\_
- \$10 Official Transcript **[+ \$1 by mail]**
- \$10 Certificate/Diploma **[+ \$1 by mail]**

Total \$\_\_\_\_\_.00 [only cash in person or Money Order by mail]

Student's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**send to me**

**send somewhere else**

## Recipient Information

Complete this section **only** if the transcript is being sent SOMEWHERE ELSE other than 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