

GED Transcript Request

Examinee's Name:

Please print full name at time of testing _____.

Social Security Number _____ Date of Birth _____/_____/_____.
Month Day Year

Current Address: _____.

Place of testing _____.

Date of Testing _____/_____/_____.
Month Day Year

Ordering information

Please allow 2 weeks for processing.

- Examinee request. An official GED transcript \$8.00, certificate \$10.00. Fee should be in the form of a money order made out to St. Clair County Regional Office of Education, 1000 South Illinois , Belleville , Illinois 62220...attention Donna Willett.
- Examinee request for an unofficial transcript faxed to agency . List agency and fax number. _____
- GED Examiner Request.

Please sign on the appropriate signature line below.

I hereby authorize the St. Clair County Regional Office of Education to release my records.

Signature of Examinee:

Please print address to which transcript is to be mailed.

St. Clair County Regional Office of Education
1000 South Illinois Street
Belleville, IL 62220
Phone: 618-825-3900
Fax: 618-825-3999