



*Safety. Support. Success*

**REGIONAL OFFICE OF EDUCATION #21**

Franklin, Johnson, Massac & Williamson Counties

www.roe21.org

**Lorie LeQuatte**

Regional Superintendent of Schools

**GED Transcript and/or GED Certificate Request**

Today's Date \_\_\_\_\_

- Complete the form in-office or mail with a copy of a valid photo ID, and appropriate payment. Candidate's signature and copy of valid photo ID is required for processing request.
- Payment must be made with cash, money order, or certified check payable to ROE21. Credit card payment can be taken over the phone. No personal checks. Fees paid are non-refundable.
- Allow 2-3 weeks processing and delivery. We do not e-mail credentials (Official Transcript or Certificate).

\_\_\_\_\_ Official GED Transcript (\$10.00 each)    \_\_\_\_\_ Official GED Certificate (\$10.00 each)    Total Enclosed \$ \_\_\_\_\_

**Personal Information**

Name used at the time of Test: \_\_\_\_\_  
(Proof of name change required)                      *First Name*                      *Middle Name*                      *Last Name*

Current Legal Name \_\_\_\_\_  
(If different than above)                      *First Name*                      *Middle Name*                      *Last Name*

Last 4 digits of Social Security: \_\_\_\_\_    Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_    Apt.#: \_\_\_\_\_

City: \_\_\_\_\_    State: \_\_\_\_\_    Zip Code: \_\_\_\_\_    Phone: \_\_\_\_\_

Year Tested: \_\_\_\_\_    Test Center: \_\_\_\_\_

County you lived in when you took the Test: \_\_\_\_\_

**Transcript Recipient Information**

Complete this section ONLY if this transcript is NOT being mailed to you (this section is for mail to: Colleges, Employers, etc.).

Name of Business, Education Institute: \_\_\_\_\_    Attention: \_\_\_\_\_

Address: \_\_\_\_\_    City: \_\_\_\_\_    State: \_\_\_\_\_    Zip: \_\_\_\_\_

**Authorized Signature & Identification**

I hereby certify under penalty of law that I am the candidate identified on this form and I authorize ROE #21 to mail my test results to the address above.

or

I hereby certify under penalty of law that I am the candidate identified on this form and I am picking my test results up in-person.

**ATTACH COPY OF GOVERNMENT  
ISSUED PHOTO ID**

Current and valid photo ID required. Requests will NOT be processed without a copy of photo ID

**Signature:** \_\_\_\_\_    **Date:** \_\_\_\_\_

Franklin County  
901 Public Square  
Benton, IL 62812  
Phone: 618.438.9711  
Fax: 618.435.2861

Johnson County  
111 S. 5th/P.O. Box 96  
Vienna, IL 62995  
Phone: 618.800.3350  
*By appointment only*

Massac County  
1102 W. 10th St.  
Metropolis, IL 62960  
Phone: 618.524.3736  
*By appointment only*

Williamson County  
502 W. Jackson  
Marion, IL 62959  
Phone: 618.998.1283  
Fax: 618.998.9226