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TRANSCRIPT AND DIPLOMA REQUEST FORM
Regional Office of Education #33

932 Harrison Street, Galesburg, IL 61401
Phone: 309/734-6822 Fax: 309/715-7336

Complete this form in its entirety to receive a copy of your GED Certificate/Transcript. Submit to 932 Harrison St, Galesburg, IL 61401 for all requests. Check or money order only, made payable to ROE #33. Please allow 7-10 days for processing. Fees paid are NOT refundable.

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

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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 _____

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