



REGIONAL OFFICE OF EDUCATION LASALLE, MARSHALL & PUTNAM

Christopher B. Dvorak - Regional Superintendent
Matthew Winchester - Asst. Regional Superintendent

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I, the undersigned, request that a transcript/certificate of my HSE or High School Equivalency scores/ records be forwarded to:

Name _____

Address _____

City _____

State _____

Zip Code _____

Attn _____

Please find my records under:

Student's Name Printed

Student's Date of Birth

Student's Social Security Number

GED Completion Date

Phone Number

Student's Signature

Student's Name Printed

Student's Address

What to mail WITH completed form: Payment(cash OR money order) AND a copy of your photo ID. Please check the boxes below per your request.

\$10 GED Certificate

\$10 GED Transcript

Copy of photo ID