



Kathryn Jennings  
Regional Superintendent of Schools

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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.

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

\_\_\_\_\_ Official Transcript(s) - \$10.00 per copy

\_\_\_\_\_ Certificate (or replacement) - \$10.00

\$\_\_\_\_\_ Total dollar amount enclosed

**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 \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST. \_\_\_\_\_ Zip \_\_\_\_\_

**- OR -**

Name of Institution/Employer \_\_\_\_\_ Attention: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_