



**Jodi L Scott**

Regional Superintendent of Schools

**Lori Loving**

Asst. Regional Superintendent of Schools

**TRANSCRIPT AND DIPLOMA REQUEST FORM**  
**Regional Office of Education**

Henderson/Mercer/Warren Counties  
105 North E St., Suite 1, Monmouth, IL 61462  
Phone: 309/734-6822 Fax: 309/734-2452

Knox County  
121 South Prairie St., Galesburg, IL 61401  
Phone: 309/ 345-3828 Fax: 309/ 345-6735

*Use this form to request copies of your GED transcript or diploma (certificate) if you tested in Henderson, Knox, Mercer, or Warren County, Illinois. Complete all request information on this form and submit it with check or money order payable to Regional Office of Education for the proper amount. Send the completed request to the above address. Please allow one to two weeks for delivery. 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 \_\_\_\_\_

**Business Office**  
105 North E St Phone: (309) 734-6822  
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**Galesburg Office**  
121 S. Prairie St Phone: (309) 345- 3828  
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