DeKalb County Regional Office of Education
Amanda Christensen, Regional Superintendent
Carmen Siragusa, Assistant Superintendent

2500 North Annie Glidden, Suite C
DeKalb, Illinois 60115
815-217-0460 (phone) 815-217-0467 (fax)

Illinois High School Equivalency Transcript/Diploma Request

Date: _____ Phone: (include area code) _____

Name: _____

Address: _____

City: _____ State: IL Zip Code: _____

Date of Birth: _____

Last name at time of testing (required): _____

Social Security Number (required): _____

Year of Test Completion: _____

Official GED/HSE Transcript	Quantity ____	($10.00 each)	Total $ _____
Official GED/HSE Diploma	Quantity ____	($10.00 each)	Total $ _____

Total Due $ _____

Send transcripts and/or certificate to:

_____

_____

_____

_____

_____

Signature of Applicant (authorizes distribution of diploma/transcript and alternative credentialing)

Send form and check or money order (signed and made payable to DeKalb ROE) to:

DeKalb County Regional Office of Education
2500 N. Annie Glidden Road Suite C
DeKalb, IL 60115