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Date: _____

I am requesting a copy of my:

Transcript - Unofficial _____ x Free = \$ _____ 0.00

Transcript - Official _____ x \$ 10.00 = \$ _____

Certificate _____ x \$ 10.00 = \$ _____

Transcript & Certificate _____ x \$ 20.00 = \$ _____

TOTAL DUE: _____

Please make check or money order payable to: ROE 8

Print Name: _____

Name tested under: _____

Year Tested: _____ Date of Birth: _____

Current Address: _____

Current Phone Number: _____

Signature: _____

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I authorize the Carroll, Jo Daviess & Stephenson Regional Office of Education,  
to release a transcript of my GED test to:

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| <p>Please forward this completed release <b>with payment to:</b><br/>Regional Office of Education #8, 27 S. State Ave, Suite 101, Freeport, IL 61032</p> |
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