



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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**Please complete the following, if transcripts need to be mailed to an alternate recipient.**

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

|                                                                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p style="text-align: center;"><b><u>Please forward this completed release with payment to:</u></b><br/>Regional Office of Education #8, 27 S. State Ave, Suite 101, Freeport, IL 61032</p> |
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27 S. State Ave., Suite 101, Freeport, IL 61032  
Phone: 815.599.1408 Fax: 815.297.9032

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